


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**


02-28-2005 90194 011 \*\*\*150.00

<b>DOCUMENT # 476115</b>	
1. Entity Name <b>SUNRISE JANITORIAL MAINTENANCE CO., INC.</b>	

Principal Place of Business <b>6115 N.W. 77TH WAY P.O. BOX 25158 TAMARAC, FL 33320</b>	Mailing Address <b>2795 NE 15TH P.O. BOX 25158 TAMARAC, FL 33320</b>
---	---

**DO NOT WRITE IN THIS SPACE**

**40024141**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1625158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TOLOMEO, SCOTT  
6115 N.W. 77TH WAY  
TAMARAC, FL 33320**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, TOLOMEO 6115 NW 77 WAY TAMARAC, FL 33320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SCOTT TOLOMEO, PRES**

Date **1/24/05** Daytime Phone # **954/520-4953**