

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 476115**

**1. Entity Name**  
SUNRISE JANITORIAL MAINTENANCE CO., INC.



**Principal Place of Business**  
2795 NE 15TH  
POMPANO BEACH, FL 33062

**Mailing Address**  
P.O. BOX 25158  
TAMARAC, FL 33320



01142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-1625158

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TOLOMEIO, 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000453182  
03/14/06-80009-001 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	SCOTT, TOLOMEIO
<b>STREET ADDRESS</b>	6115 NW 77 WAY
<b>CITY-ST-ZIP</b>	TAMARAC, FL 33320
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**Pay  
Re DEPT of ST  
\$150.00  
DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Scott Tolomeo* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/06 954/727-5067  
Daytime Phone #

*Harry Tolomeo*