## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Aug 08, 2005 8:00 am Secretary of State **DOCUMENT #746328** 1. Entity Name 08-08-2005 90046 019 \*\*\*\*70.00 SUNRISEARC, INC. Principal Place of Business Mailing Address 35201 RADIO ROAD 35201 RADIO ROAD DUUDUJOU LEESBURG, FL 34788 US LEESBURG, FL 34788 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-1930274 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASKEW, JOHN W Street Address (P.O. Box Number is Not Acceptable) 35201 RADIO ROAD LEESBURG, FL 34788 City Zip Code 8. The above named entity sybmits 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD ☐ Delete TITLE TIDE ☐ Change ■ Addition MALE FISH, CARRIE NAME STREET ADDRESS 1681 EDGEWATER DR. STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-7/P TREASCUTOR Delete TD IIILE i change Addition TITLE PIXLEY, TOM PATLANO NALE NAME 5201 RADIO RA **5025 GREEN BRIAR TRAIL** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Change TITLE ΠIF Addition ☐ Delete FISCHER, NEIL NAME NAME 9800 U.S. HWY 441 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ASKEW, JOHN NAME STREET ADDRESS 35201 RADIO ROAD STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 617, 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.

CIGNATIDE CONTRACTOR