

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000007579

1. Entity Name
SUNRISE MODULAR HOMES, INC.



Principal Place of Business
280 WHISPERING WOOD LANE
16
ST AUGUSTINE, FL 32084 US

Mailing Address
280 WHISPERING WOOD LANE
16
ST AUGUSTINE, FL 32084 US

FILED
06 OCT 17 AM 10:51

CLERK OF STATE
TALLAHASSEE, FLORIDA



09262006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3472867
Applied For
Not Applicable

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILCOX, LEONARD~~
280 WHISPERING WOOD LANE
12
ST AUGUSTINE, FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WILCOX, LEONARD
280 WHISPERING WOOD LANE #16
ST AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
09/25/06 01056 013 ☒ Change ☒ Addition
\$43.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WILCOX CALEB
SAME ABOVE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WILCOX CALEB
SAME ADDRESS ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WILCOX JUSTIN
SAME ABOVE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WILCOX JUSTIN
SAME ADDRESS ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000081204790
10/25/06--01059--003 **26.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/23 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD WILCOX

10/3/06

509-8240

Date

Daytime Phone #