

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47190

Entity Name: SUNRISE SUBS, INC.

FILED  
Jan 20, 2004  
Secretary of State

**Current Principal Place of Business:**

839 S FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3201  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 59-2301565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEAD, MICHAEL J.  
835 S. FEDERAL HWY., P.O. BOX 3201  
STUART, FL 33495

**Name and Address of New Registered Agent:**

MEAD, MICHAEL J.  
839 S. FEDERAL HWY., P.O. BOX 3201  
STUART, FL 33495

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.

SIGNATURE: MICHAEL J. MEAD

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MEAD, MICHAEL J.,  
Address: 835 S. FEDERAL HWY.  
City-St-Zip: STUART, FL

Title: VS ( ) Delete  
Name: MEAD, KATHLEEN A.,  
Address: 835 S. FEDERAL HWY.  
City-St-Zip: STUART, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: MEAD, MICHAEL J.,  
Address: 835 S. FEDERAL HWY.  
City-St-Zip: STUART, FL 34994

Title: VS (X) Change ( ) Addition  
Name: MEAD, KATHLEEN A.,  
Address: 835 S. FEDERAL HWY.  
City-St-Zip: STUART, FL 34994

Title: VP D ( ) Change (X) Addition  
Name: ADAMS, ANDREA M  
Address: 4309 SE COVE LAKE CR.  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MEAD

P D

01/20/2004

Electronic Signature of Signing Officer or Director

Date