


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90012 034 ***150.00

DOCUMENT # F97000003229 1. Entity Name SUNRISE TRACTOR & EQUIPMENT, INC.																																																																																																																													
Principal Place of Business 6101 ORANGE AVENUE FT. PIERCE, FL 34947			Mailing Address 6101 ORANGE AVENUE FT. PIERCE, FL 34947																																																																																																																										
2. Principal Place of Business 9901 Okeechobee Road			3. Mailing Address 9901 Okeechobee Road																																																																																																																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																										
City & State Ft. Pierce, FL			City & State Ft. Pierce, FL																																																																																																																										
Zip 34945			Zip 34945																																																																																																																										
Country 			Country 																																																																																																																										
4. FEI Number 65-0759147				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KINDRED, TOM JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1715 YORK CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. PIERCE, FL 34982</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RECKER, DENNIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 DILLER AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW HOLLAND, PA 17557</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, WARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5401 EDGERTON DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORCROSS, GA 30092</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANDIS, SHERI L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 DILLER AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW HOLLAND, PA 17557</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	KINDRED, TOM JR		STREET ADDRESS	1715 YORK CT		CITY - ST - ZIP	FT. PIERCE, FL 34982		TITLE	DV	<input type="checkbox"/> Delete	NAME	RECKER, DENNIS		STREET ADDRESS	500 DILLER AVENUE		CITY - ST - ZIP	NEW HOLLAND, PA 17557		TITLE	DST	<input type="checkbox"/> Delete	NAME	WILLIAMS, WARD		STREET ADDRESS	5401 EDGERTON DR		CITY - ST - ZIP	NORCROSS, GA 30092		TITLE	AS	<input type="checkbox"/> Delete	NAME	LANDIS, SHERI L		STREET ADDRESS	500 DILLER AVENUE		CITY - ST - ZIP	NEW HOLLAND, PA 17557		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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 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: <u>an [Signature]</u> 4/11/04 (772) 461-3747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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