## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000003229

Entity Name: SUNRISE TRACTOR & EQUIPMENT, INC

FILED Jan 09, 2008 Secretary of State

		THE TORK & EQUIT MEIVE, I				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	ECHOBEE RD RCE, FL 3494					
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
	ECHOBEE RC RCE, FL 3494					
FEI Number	: 65-0759147	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ) KINDRED, TON 1715 YORK CT FT. PIERCE, F	-	Title: Name: Address: City-St-Zip:	KINDRED, TO	LY OAK STREET	
Title: Name: Address: City-St-Zip:	DV ( ) HOOPER, MAR 500 DILLER AV NEW HOLLANI	/ENUE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( ) BOUGHTON, R 500 DILLER AV NEW HOLLANI	/ENUE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( ) GREEBY, SHE 500 DILLER AV NEW HOLLANI	/ENUE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM KINDRED JR. PD 01/09/2008