

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H11925	
1. Entity Name SUNRISE PAINT & WALLCOVERING, INC.	



Principal Place of Business % WILLIAM H. NIPPER 3047 SO. U.S. 1 FORT PIERCE, FL 34982	Mailing Address % WILLIAM H. NIPPER 3047 SO. U.S. 1 FORT PIERCE, FL 34982
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2424179	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIPPER, WILLIAM H. 3047 SO. U.S. 1 FORT PIERCE, FL 34982

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TITUS, NEAL O. 3047 SO. U.S. #1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NIPPER, WILLIAM H. 3047 SO. U.S. #1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NIPPER, JOYCE 3047 SO. U.S. #1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NIPPER, WILLIAM H. J 3047 SO. U.S. #1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/06-80038-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William H. Nipper WILLIAM H. NIPPER 1/12/06 772-465-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #