

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2424179	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

**NIPPER, WILLIAM H.
3047 SO. U.S. 1
FORT PIERCE, FL 34982**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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01/30/08-80008-010 150.00

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

1/4/08
Date

772-465-3711
Daytime Phone #