

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99919

FILED
Feb 06, 2004
Secretary of State

Entity Name: SUNRISE LANDSCAPING CONTRACTORS, INC.

Current Principal Place of Business:

5521 BAPTIST CHURCH RD.
P O BOX 16531
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16531
P O BOX 16531
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 59-2701855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUND, JOHN E.
707 FRANKLIN STREET MALL
EIGHTH FLOOR, TAMPA THEATRE BLDG.
TAMPA, FL 33602

Name and Address of New Registered Agent:

HUGHES, SHEA
PO BOX 16531
TAMPA, FL 33687

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: SHEA HUGHES

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAILEY, MICHAEL E.,
Address: 5521 BAPTIST CHURCH RD
City-St-Zip: TAMPA, FL

Title: DVP () Delete
Name: HUGHES, SHEA,
Address: 702 VANDERBAKER RD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEA HUGHES

VP

02/06/2004

Electronic Signature of Signing Officer or Director

Date