

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90019 017 ***150.00

DOCUMENT # J65188

1. Entity Name

SUNRISE COTTAGES, INC.



Principal Place of Business

~~10690 FRANCES LANE~~
~~LARGO FL 33774~~

Mailing Address

~~10690 FRANCES LANE~~
~~LARGO FL 33774~~

578 CRYSTAL DRIVE
MADEIRA BEACH, FL. 33708

578 CRYSTAL DRIVE
MADEIRA BEACH, FL. 33708



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2887644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTELHO, ALDA M.

~~10690 FRANCES LANE~~
~~LARGO FL 33774~~

578 CRYSTAL DRIVE
MADEIRA BEACH, FL. 33708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 substituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME BOTELHO, ALDA M.
STREET ADDRESS ~~10690 FRANCES LANE~~ 578 CRYSTAL DR.
CITY-ST-ZIP ~~LARGO FL 33774~~ MADEIRA BEACH, FLA

TITLE ☒ Change ☐ Addition
NAME ALDA M. BOTELHO
STREET ADDRESS 578 CRYSTAL DRIVE
CITY-ST-ZIP MADEIRA BEACH, FL. 33708

TITLE ☐ Delete
NAME MANUEL, JOSEPH L.
STREET ADDRESS 1950 ROBINSON DR N.
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alda Botelho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

727-365-4404

Date

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