

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98719

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUNRISE LANDSCAPE SUPPLY, INC.

Current Principal Place of Business:

8188 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810 US

New Principal Place of Business:

6670 E COLONIAL DRIVE
ORLANDO, FL 32807 US

Current Mailing Address:

PO BOX 940457
MAITLAND, FL 327940457 US

New Mailing Address:

FEI Number: 59-2868252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUERLE, KURTIS T
1201 E. ROBINSON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATLEDGE, W. WAYNE,
Address: POST OFFICE BOX 940457
City-St-Zip: MAITLAND, FL 327940457

Title: VPT () Delete
Name: EVANS, LARRY C.
Address: 4227 YORKETOWN RD
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: KELLY, BRIAN
Address: 40 MAITAND GROVE RD
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: BRUCE, ROBERT T
Address: 1090 KELLY CREEK CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: WAYNE CATLEDGE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date