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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

K04417

A-SUNRISE LAWN SERVICE, INC.

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees
APLES FL 33940 NAPLES FL 33940 1. Date incorporated or Qualified 3a. Date of Last O4/26/11 2. Principal Place of Business 2a. Making Activess 4. FCI Number 55-0016387 21 2. Suite. Apt. #, etc. 5. Certificate of Status Desired 58.77 2. Principal Place of Business 2a Suite. Apt. #, etc. 5. Certificate of Status Desired 58.77 2. Coty & State City & State 6. Election Campaign Financing \$5.57 2. Tour 2a 2a 2a 2a 2a 3a 3a 3a	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees
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Trust Fund Contribution	led to Fees
Zip Country Zip Country Zip Country St. This corporation has liability for intengible tax under Florida Statutes Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
28	
CABINESS, GREGORY W. 871 13TH ST N NAPLES FL 33940 81 Name City: FL 85 11. Pursuant to the provisions of Sections 607 0:02 and 607, 1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing it or registered agent, or both, in the State of Flunds Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and shoep the obligations of, Section 607 0:05. Florida Statutes SIGNATURE SIGNATURE SIGNATURE CABINESS, GREGORY W. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-S1-ZIP TILLE DELETE 1 TILLE CABINESS, GREGORY W. 1 SIRRELADDRESS CITY-S1-ZIP TILLE DELETE 2 TILLE Change	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this ancuar report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or orrector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactiment with an address.

SIGNATURE:

SIGNATURE AND TYPEOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2296 941-261-8753