

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L98892 1. Entity Name SUNRISE HOME SERVICES, INC.	
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Principal Place of Business 275 TONEY PENNA DR. STE 7 JUPITER, FL 33458 US	Mailing Address 275 TONEY PENNA DR. STE 7 JUPITER, FL 33458 US
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03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0236961	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUNKLE, CRAIG B. JR 275 TONEY PENNA DR, STE 7 JUPITER, FL 33458

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.

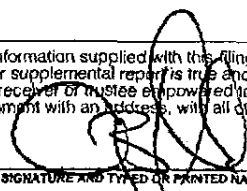
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000493724 04/28/06 80017-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KUNKLE, CRAIG B. JR. 275 TONEY PENNA DR STE 7 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LORACE H. 275 TONEY PENNA DR, STE 7 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNKLE, MARLETTE 275 TONEY PENNA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARSHA 275 TONEY PENNA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **(Craig B. Kunkle Jr.)** 4/3/06 (561) 575-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #