


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-22-2008 90044 009 ***150.00

DOCUMENT # L98892 1. Entity Name SUNRISE HOME SERVICES, INC.					
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		
2. Principal Place of Business - No P.O. Box # 1061 E. Indiantown Road (Suite) Apt. #, etc. 410		3. Mailing Address 1061 E. Indiantown Rd (Suite) Apt. #, etc. 410			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 65-0236961	
Zip 33477		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Craig B. Kunkle Jr. Street Address (P.O. Box Number is Not Acceptable) 1061 E. Indiantown Road Suite 410 City Jupiter FL Zip Code 33477	
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 re-instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KUNKLE, CRAIG B. JR. 275 TONEY PENNA DR STE 7 JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1061 E. Indiantown Rd, Suite 410 Jupiter, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LORACE H. 275 TONEY PENNA DR, STE 7 JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1061 E. Indiantown Rd., Suite 410 Jupiter, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNKLE, MARLETTE 275 TONEY PENNA DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARSHA <input checked="" type="checkbox"/> Delete 275 TONEY PENNA DRIVE JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					