

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72922

Entity Name: SUNRISE ELEVATOR CO., INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

433 PLAZA DR.
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

100 GULFWINDS DR.
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2886622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATER, FREDERICK M.
100 GULFWINDS DRIVE WEST
PALM HARBOR, FL 34683 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: STDP () Delete
Name: SLATER, FREDERICK M.,
Address: 100 GULFWINDS DR. W.
City-St-Zip: PALM HARBOR, FL

Title: PD () Delete
Name: SLATER, EDITH M.,
Address: 100 GULFWINDS DR. W.
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EDITH SLATER

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date