


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000009457 1. Entity Name SONRISE RANCH, INC.	
--	---

Principal Place of Business 1901 HWY A1A STE 4 INDIAN HARBOUR BEACH, FL 32937	Mailing Address 1901 HWY A1A STE 4 INDIAN HARBOUR BEACH, FL 32937
---	---



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2327080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, H.L. III 3700 N RIVERSIDE DRIVE INDIALANTIC, FL 32903
--

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 reinstalling) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, H.L. III 3700 N RIVERSIDE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CAROL H 3700 N RIVERSIDE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, HARTLEY 3946 TURKEY POINT DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONSTEEL, FREDRICK C 3721 BIGELOW DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RICHARD O 1250 W. EAU GALLIE BLVD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000189548 01/24/05-80100-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: H. L. Clark III **H. L. CLARK, III** 1/18/05 777-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #