

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90032 048 ***150.00

94059803



DOCUMENT # P00000015816 1. Entity Name SUNRISE PLAZA OF PALM COAST, INC.					
Principal Place of Business SUNRISE PLAZA, #203 1 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32317			Mailing Address SUNRISE PLAZA, #203 1 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32317		
2. Principal Place of Business 1 FLORIDA PARK DR North		3. Mailing Address 7 FAITH LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PALM COAST FL		City & State PALM COAST FL			
Zip 32317		Country USA		Zip 32137	
Country USA		4. FEI Number 59-3624063			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GITTLER, URSULA SUNRISE PLAZA, SUITE 203 1 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name GITTLER, URSULA Street Address (P.O. Box Number is Not Acceptable) 7 FAITH LANE City PALM COAST FL Zip Code 32137		
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 DATE _____ <small>Signature typed or printed name of registered agent and office applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PT NAME KING, WARREN A STREET ADDRESS 1 FLORIDA PARK DR. N., SUNRISE PLAZA, #203 CITY-ST-ZIP PALM COAST, FL 32317	<input type="checkbox"/> Delete		TITLE PD NAME KING WARREN A STREET ADDRESS 7 FAITH LANE CITY-ST-ZIP PALM COAST FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME GITTLER, URSULA STREET ADDRESS 1 FLORIDA PARK DR. N., SUNRISE PLAZA, #203 CITY-ST-ZIP PALM COAST, FL 32317	<input type="checkbox"/> Delete		TITLE VPD NAME GITTLER, URSULA STREET ADDRESS 7 FAITH LANE CITY-ST-ZIP PALM COAST FL 32317	<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	
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 exemption stated in Section 119.07(3)(i), 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: VICEPRESIDENT 4-19-04 386-445-7777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
URSULA GITTLER					