

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079976

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: SUNRISE HOMES OF PALATKA, INC.

**Current Principal Place of Business:**

302 HWY 17 SOUTH  
EAST PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

302 HWY 17 SOUTH  
EAST PALATKA, FL 32131

**New Mailing Address:**

FEI Number: 52-2262351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, PATRICIA D  
208 HIGHWAY 17 SOUTH  
EAST PALATKA, FL 32131 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: D ( ) Delete  
Name: WILSON, PATRICIA D  
Address: PO BOX 615  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: WILSON, CALVIN B  
Address: PO BOX 615  
City-St-Zip: EAST PALATKA, FL 32131

**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 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 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: PATRICIA WILSON

MRS

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date