## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P01000055020

1. Entity Name

SUNRISE POOL SERVICE OF VERO BEACH, INC.



Mailing Address

Principal Place of Business 2925 1ST STREET VERO BEACH, FL 32968

POST OFFICE BOX 650604 VERO BEACH, FL 32965

## FILED Apr 06, 2004 08:00 AM Secretary of State



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-7060134 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JAMES E W 2926 1ST STREET VERO BEACH, FL 32968

SIGNATURE:

## 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  Signature typed or priviled name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		ing 🔲	\$5.00 May Be Added to Fees	U00000104777 04/06/04-80025-006 150.80	
10. HTLE NAME STREET ADDRESS GITY - SI - ZIP	P BROW, JAMES W 2915 1ST ST. VERO BEACH, FL 32968	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP					
TISLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
NAME STREET ADDRESS CITY+ST-ZIP				IN .	THIS SPACE
Title Name Street Address City ST-Zip					-
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 eath, 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.					

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR