

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90035 023 ***550.00

DOCUMENT # P01000074941

1. Entity Name
SUNUP CONSTRUCTION, INC.



Principal Place of Business
**1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145**

Mailing Address
**1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145**

DO NOT WRITE IN THIS SPACE



08182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3733364	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B
1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145**

**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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLEY, BRAD P
STREET ADDRESS	1454 DELBROOK WAY
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	KELLEY, PERRY
STREET ADDRESS	482 BALD EAGLE DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	KELLEY, LISA
STREET ADDRESS	1454 DELBROOK WAY
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Brad P Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05 239-3895300
Date Daytime Phone #