

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90026 016 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
**20 MARCO LAKE DRIVE**  
Suite, Apt. #, etc.  
**SUITE 2**

3. Mailing Address  
**P.O. Box 518**  
Suite, Apt. #, etc.



01042007 Chg-P CR2E034 (12/06)

City & State  
**MARCO ISLAND, FL**

City & State  
**MARCO ISLAND, FL**

4. FEI Number  
**59-3733364**

Applied For  
Not Applicable

Zip  
**34145**

Country  
**US**

Zip  
**34146**

Country  
**US**

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**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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  
KELLEY, BRAD P  
1454 DELBROOK WAY  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
KELLEY, LISA  
1454 DELBROOK WAY  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**LISA KELLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/07**  
Date

**239-389-5308**  
Daytime Phone #