

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90279 022 \*\*\*150.00

**DOCUMENT # P02000054981**

1. Entity Name  
**EARLYRISE ENTERPRISE, INC.**



Principal Place of Business  
**10273 GULF BLVD  
TREASURE ISLAND, FL 33706**

Mailing Address  
**10273 GULF BLVD  
TREASURE ISLAND, FL 33706**

**94054543**



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0442313**

Applied For  
Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DAVID, ADRIANA**  
**6860 GULFPORT BLVD #167 10265 GULF BLVD #307**  
**ST PETERSBURG, FL 33742 TREASURE ISLAND, FL 33706**

**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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DAVID, ADRIANA
STREET ADDRESS	6860 GULFPORT BLVD #167 10265 GULF BLVD #307
CITY - ST - ZIP	ST PETERSBURG, FL 33742 TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Adriana J. David*