


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000116459 1. Entity Name SUNRISE CAFE OF JACKSONVILLE INC.	
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Principal Place of Business 6999-01 MERRILL RD JACKSONVILLE FL 32246	Mailing Address 6999-01 MERRILL RD JACKSONVILLE FL 32246
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 52-2384792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNS, MILTON 5640-1 TIMUQUANA RD JACKSONVILLE FL 32210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD CASTELO, ANTONIO <input type="checkbox"/> Delete STREET ADDRESS 6999-01 MERRILL RD JACKSONVILLE FL 32246 CITY- ST- ZIP
TITLE	VD CASTELO, JASON <input type="checkbox"/> Delete STREET ADDRESS 6999-01 MERRILL RD JACKSONVILLE FL 32246 CITY- ST- ZIP
TITLE	TD CASTELO, MARIA <input type="checkbox"/> Delete STREET ADDRESS 6999-01 MERRILL RD JACKSONVILLE FL 32246 CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4-17-07 904-707-4276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #