

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90133 039 ***150.00

DOCUMENT # P03000116104

1. Entity Name
SUNRISE APTS., INC.



Principal Place of Business
101 DELAND AVENUE
INDIALANTIC, FL 32903

Mailing Address
101 DELAND AVENUE
INDIALANTIC, FL 32903

2. Principal Place of Business
1630 BOTTLEBRUSH DRIVE

3. Mailing Address
1630 BOTTLEBRUSH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-P. CR2E034 (11/05)

City & State
PALM BAY FL

City & State
PALM BAY FL

4. FEI Number
84-1626906

Applied For
Not Applicable

Zip
32905

Country
USA

Zip
32905

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESOLDI, SCOTT
701 SEAFARER CIRCLE
JUPITER, FL 33477

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ESOLDI, SCOTT
701 SEAFARER CIRCLE
JUPITER, FL 33477 ☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

Daytime Phone #