

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124563

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: SUNRISE CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

16181 82ND ROAD N.  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

8150 133RD PLACE  
SEBASTIAN, FL 32958

## Current Mailing Address:

16181 82ND ROAD N.  
LOXAHATCHEE, FL 33470

## New Mailing Address:

8150 133RD PLACE  
SEBASTIAN, FL 32958

FEI Number: 37-1477460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALMON, KIMBERLY S  
16181 82ND ROAD N.  
LOXAHATCHEE, FL 33470

## Name and Address of New Registered Agent:

SALMON, KIMBERLY S  
8150 133RD PLACE  
SEBASTIAN, FL 32958

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.

SIGNATURE: \_\_\_\_\_

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALMON, KIMBERLY S  
Address: 16181 82ND ROAD N.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V ( ) Delete  
Name: SALMON, RUSSELL T  
Address: 16181 82ND ROAD N.  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SALMON, KIMBERLY S  
Address: 8150 133RD PLACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: V (X) Change ( ) Addition  
Name: SALMON, RUSSELL T  
Address: 8150 133RD PLACE  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY S SALMON

PRES

04/09/2004

Electronic Signature of Signing Officer or Director

Date