

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/3

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-30-2004 90006 003 ***550.00

DOCUMENT # P03000132813																													
1. Entity Name SUNRISE LOCATORS INC.																													
Principal Place of Business 9761 SUNRISE LAKES BLVD #111 SUNRISE FL 33322			Mailing Address 9761 SUNRISE LAKES BLVD #111 SUNRISE FL 33322																										
2. Principal Place of Business Same		3. Mailing Address Same																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
Country		Country																											
6. Name and Address of Current Registered Agent WENDER, GLENN A 9761 SUNRISE LAKES BLVD #111 SUNRISE FL 33322			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
State			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 _____ (NOTE: Registered Agent signature required when reinstating)																													
Signature, typed or printed name of registered agent and title if applicable.																													
DATE																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>																										
9. Election Campaign Financing			\$5.00 May Be Added to Fees																										
Trust Fund Contribution. <input type="checkbox"/>			Added to Fees																										
10. OFFICERS AND DIRECTORS																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>WENDER, GLENN A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9761 SUNRISE LAKES BLVD #111</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE FL 33322</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	P	<input type="checkbox"/> Delete				NAME	WENDER, GLENN A					STREET ADDRESS	9761 SUNRISE LAKES BLVD #111					CITY-ST-ZIP	SUNRISE FL 33322				
TITLE	P	<input type="checkbox"/> Delete																											
NAME	WENDER, GLENN A																												
STREET ADDRESS	9761 SUNRISE LAKES BLVD #111																												
CITY-ST-ZIP	SUNRISE FL 33322																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>WENDER, GLENN A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9761 SUNRISE LAKES BLVD #111</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE FL 33322</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> Delete				NAME	WENDER, GLENN A					STREET ADDRESS	9761 SUNRISE LAKES BLVD #111					CITY-ST-ZIP	SUNRISE FL 33322				
TITLE	D	<input type="checkbox"/> Delete																											
NAME	WENDER, GLENN A																												
STREET ADDRESS	9761 SUNRISE LAKES BLVD #111																												
CITY-ST-ZIP	SUNRISE FL 33322																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete				NAME						STREET ADDRESS						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete				NAME						STREET ADDRESS						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete				NAME						STREET ADDRESS						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete				NAME						STREET ADDRESS						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete				NAME						STREET ADDRESS						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						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																													
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 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Glenn Wender</u>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: <u>8/25/04</u>																													
Daytime Phone #																													

66433843



MOORE CR2E034 (4/04)

4. FEI Number
20-0397884

Applied For
Not Applicable

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

FL

Zip Code