



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90125 006 ***150.00

DOCUMENT # P03000142209 1. Entity Name RISING SUN RENOVATIONS & INVESTMENTS, INC.					
Principal Place of Business 1019 WINTHROP STREET JACKSONVILLE, FL 32206 US			Mailing Address 1019 WINTHROP STREET JACKSONVILLE, FL 32206 US		
2. Principal Place of Business 505 N. WASHINGTON STREET Suite, Apt. #, etc.		3. Mailing Address 505 N. WASHINGTON STREET Suite, Apt. #, etc.		24083778 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 07282004 Chg-P CR2E034 (10/03)	
Zip 32202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCSTINE, CHARLENE M 1019 WINTHROP STREET JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name <u>Charlene M. McStine</u> Street Address (P.O. Box Number is Not Acceptable) 14047 DUVAL ROAD City JACKSONVILLE FL Zip Code 32218		
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 <u>Charlene McStine</u> AUGUST 30, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSTINE, LEO R 1019 WINTHROP STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 N. WASHINGTON STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCSTINE, CHARLENE M 1019 WINTHROP STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 N. WASHINGTON STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Leo R. McStine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			AUGUST 30, 2004 904-424-0610 <small>Date Daytime Phone #</small>		