


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90043 007 ***150.00

DOCUMENT # P04000065040 1. Entity Name SUNRISE HOME INSPECTIONS OF SARASOTA, INC.					
Principal Place of Business 4995 WHISPERING OAKS DRIVE NORTH PORT, FL 34287			Mailing Address 4995 WHISPERING OAKS DRIVE NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1037506				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			7. Name and Address of New Registered Agent		
VALONE, ROBERT L 4995 WHISPERING OAKS DRIVE NORTH PORT, FL 34287			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALONE, ROBERT L		NAME		
STREET ADDRESS	4995 WHISPERING OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALONE, DEBORAH A		NAME		
STREET ADDRESS	4995 WHISPERING OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Deborah A. Valone</i> DEBORAH A. VALONE			1/18/05 941-627-7528		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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