## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000096731

1. Entity Name

SUNRISE RADIATOR & AUTO INC.



Principal Place of Business

102 W CEDAR AVE ORANGE CITY, FL 32763 Mailing Address

102 W CEDAR AVE ORANGE CITY, FL 32763

## FILED Aug 28, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

08162007 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 20-1301216 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GARDNER, EDWIN G JR 29 MADERA RD DE BARY, FL 32713

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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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 Due by September 14, 2007		Election Campaign Financin     Trust Fund Contribution,	g	\$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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP GARDNER, EDWIN G JR 102 W CEDAR AVE ORANGE CITY, FL 32763				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T GARDNER, CELESTE M 102 W CEDAR AVE ORANGE CITY, FL 32763				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
HTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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

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