

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000003061

1. Entity Name *Sunrise Caribbean  
Gourmet Restaurant Inc*



FILED

11 JUN -8 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

*1415 Edgewood Ave*

3. Mailing Address

*N.*

Suite, Apt. #, etc.

*Sac*

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

*Jacksonville FL*

City & State

*FL*

4. FEI Number

*30-2004603*

Applied For

Not Applicable

Zip

*32254*

Country

*USA*

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

*Charmaine Daley*

Street Address (P.O. Box Number is Not Acceptable)

*11427 Swardfish DR*

*Jacksonville FL*

City

FL

Zip Code

*32218*

DO NOT WRITE  
IN THIS SPACE

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

*Charmaine Daley*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*President  
Lorris Daley  
11427 Swardfish DR  
Jacksonville FL 32218*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*V.P.  
Charmaine Daley  
11427 Swardfish DR  
Jacksonville FL 32218*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Tamara Daley  
11427 Swardfish DR  
Jacksonville FL 32218*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Tiedine Daley  
11427 Swardfish DR  
Jacksonville FL 32218*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.05 F.S.

SIGNATURE:

*Charmaine Daley Charmaine Daley 05-21-11 904.283-0102*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

100207103551  
05/03/11--01022--009 \*\*150.00

DO NOT WRITE  
IN THIS SPACE