

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000103061

1. Entity Name

Sunrise Caribbean Gourmet Rest.



FILED

12 NOV 14 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

1415 Edgewood Ave W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Jacksonville FL

City & State

4. FEI Number

34-2004603

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

Louis Daley

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

11427 Swallowtail Dr

City

Jacksonville

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

Louis Daley

Louis Daley

10-24-12

Signature, typed or printed name of registered agent and date 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	President
NAME	Louis Daley
STREET ADDRESS	11427 Swallowtail Dr
CITY-ST-ZIP	JAX FL 32218
TITLE	V President
NAME	Charmaine Daley
STREET ADDRESS	11427 Swallowtail Dr
CITY-ST-ZIP	Jacksonville FL 32218
TITLE	Treasurer
NAME	Deedee Daley
STREET ADDRESS	11427 Swallowtail Dr
CITY-ST-ZIP	Jacksonville FL 32218
TITLE	Secretary
NAME	Tamara Daley
STREET ADDRESS	11427 Swallowtail Dr
CITY-ST-ZIP	Jacksonville FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200241796712
11/14/12--01010--020 **550.00

DO NOT WRITE
IN THIS SPACE

NOV 14 2012

R. HUNT

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.817.155 F.S.

SIGNATURE:

Charmaine Daley

10-24-12

904-743-052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #