

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 019 ***150.00

DOCUMENT # P04000157463	
1. Entity Name SONRISE BUILDERS, INC.	

Principal Place of Business 501 HONEYSUCKLE DRIVE FRUITLAND PARK, FL 34731	Mailing Address 501 HONEYSUCKLE DRIVE FRUITLAND PARK, FL 34731
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40050106



2. Principal Place of Business - No P.O. Box # 101 ARNOLD COURT	3. Mailing Address 101 ARNOLD COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03272007 Chg-P CR2E034 (12/06)

City, State WILDWOOD, FL.	City, State WILDWOOD, FL.
Zip 34785	Zip 34785
Country Sumter	Country Sumter

4. FEI Number 20-2055089	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCPHERSON, CLAYTON H 501 HONEYSUCKLE DRIVE FRUITLAND PARK, FL 34731	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 ARNOLD COURT City, State, Zip WILDWOOD, FL 34785
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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: *Peter J. Miraglia* DATE: 4-2-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME MIRAGLIA, PETER J	DELETE ☐	NAME MIRAGLIA, PETER J	CHANGE ☐ ADDITION ☐
STREET ADDRESS 30830 CHEROKEE AVENUE		STREET ADDRESS 30830 CHEROKEE AVENUE	
CITY, STATE, ZIP LEESBURG, FL 34748		CITY, STATE, ZIP LEESBURG, FL 34748	
NAME MCPHERSON, CLAYTON H	DELETE ☐	NAME MCPHERSON, CLAYTON H	CHANGE ☒ ADDITION ☐
STREET ADDRESS 501 HONEYSUCKLE DRIVE		STREET ADDRESS 501 HONEYSUCKLE DRIVE	
CITY, STATE, ZIP FRUITLAND PARK, FL 34731		CITY, STATE, ZIP FRUITLAND PARK, FL 34731	
NAME	DELETE ☐	NAME	CHANGE ☐ ADDITION ☐
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	DELETE ☐	NAME	CHANGE ☐ ADDITION ☐
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	DELETE ☐	NAME	CHANGE ☐ ADDITION ☐
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	DELETE ☐	NAME	CHANGE ☐ ADDITION ☐
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter J. Miraglia* DATE: 4-2-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR