2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172804

1. Entity Name
SUNRISE PEST INC.

Principal Place of Business	Mailing Address
2303 NORTH US HWY 1 21 FORT PIERCE, FL 34946	PO BOX 282 FORT PIERCE, FL 34954

DO NOT WRITE IN THIS SPACE

01212007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2057877	Applied For	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OWENS, ROGER D PRES
7302 JAMES ROAD
FORT PIERCE, FL 34951

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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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

00000008786
02/01/07-80023-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	OWENS, ROGER D
STREET ADDRESS	PO BOX 282
CITY-ST-ZIP	FORT PIERCE, FL 34954
TITLE	SEC
NAME	OWENS, CINDY L
STREET ADDRESS	PO BOX 282
CITY-ST-ZIP	FORT PIERCE, FL 34954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Roger Owens, Pres.*   Roger Owens, PRES   1/25/07   772-461-6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #