

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063914

FILED
May 02, 2007
Secretary of State

Entity Name: SON RISES PROPERTIES OF NW FLORIDA, INC.

Current Principal Place of Business:

11 MAGPIE TRAIL
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

3903 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772

Current Mailing Address:

11 MAGPIE TRAIL
CRAWFORDVILLE, FL 32327

New Mailing Address:

3903 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772

FEI Number: 51-0543081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, JANET K
11 MAGPIE TRAIL
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SULLIVAN, JANET K
3903 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772 US

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.

SIGNATURE: _____

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULLIVAN, JANET K
Address: 11 MAGPIE TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SULLIVAN, JANET K
Address: 3903 CEDAR HAMMOCK TRAIL
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET K SULLIVAN

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date