

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000013402

1. Entity Name
SUNRISE TRAMPOLINES AND NETS, INC.



Principal Place of Business
6544 44TH STREET N
1205
PINELLAS PARK, FL 33781 US

Mailing Address
6544 44TH STREET N
1205
PINELLAS PARK, FL 33781 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3157911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LENG, RICHARD D
4 HARBOR WOODS DRIVE
SAFETY HARBOR, FL 34695

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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

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

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000907254

05/05/08 00031 002 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LENGB, RICHARD D
STREET ADDRESS 4 HARBOR WOODS DR
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE TS
NAME LENGB, ELOISE H
STREET ADDRESS 4 HARBOR WOODS DR
CITY-ST-ZIP SAFETY HARBOR, FL 34697

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Leng, President

4.16.08

727-526-9288

Date

Daytime Phone #