


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 044 \*\*\*150.00

DOCUMENT # P94000063000					
1. Entity Name SUNRISE PREPRESS, INC.					
Principal Place of Business 10537 S VALENTINE RD TALLAHASSEE, FL 32317 US		Mailing Address 10537 S VALENTINE RD TALLAHASSEE, FL 32317 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3256317	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		02232005 Chg-P CR2E034 (10/03) <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CREWS, SHARON L 10537 S VALENTINE RD TALLAHASSEE, FL 32317			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Sharon L Crews</i> Sharon L Crews DATE: 2-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEWELT, JOAN L.		NAME	Same	
STREET ADDRESS	10601 VALENTINE RD N		STREET ADDRESS	Same	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee FL 32317	
TITLE	PST	<input type="checkbox"/> Delete	TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, SHARON L		NAME	Same	
STREET ADDRESS	10537 S VALENTINE RD		STREET ADDRESS	Same	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee-FL 32317	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharon L Crews Pres</i> Sharon L Crews		DATE: 2-23-05		8502194911	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	