2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400063000

1. Entity Name
SUNRISE PREPRESS, INC.



FILED Apr 21, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10537 S VALENTINE RD TALLAHASSEE, FL 32317

us

10537 S VALENTINE RD TALLAHASSEE, FL 32317

US



DO NOT WRITE IN THIS SPACE

Show your Signature and expedient or director of director

04192008	No Chg-P	CR2E034 (11/05)
04102000	THE CALL	0142004(11100

4. FEI Number 59-3256317

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

850-219-9911

4-19-06

6. Name and Address of Current Registered Agent

CREWS, SHARON L 10537 S VALENTINE RD TALLAHASSEE, FL 32317

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obliga	r rearried entity submits this section and for the parties of registered agent.	on bose of cusualing its redisters	a onice or i	egistered agent, or bo	th, in the State of Florida I am familiar with and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tale in	f applicable (NOTE, Registered	Agent signaturi	required when reinstiting)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	ing 🖂	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	TORS			
THILE NAME STREET ADDRESS CHY-SI-ZHP	V ALLEWELT, JOAN L. 10801 VALENTINE RD N TALLAHASSEE, FL 32317			•	;
ritle Name Street address City-St-Zip	PST CREWS, SHARON L 10537 S VALENTINE RD TALLAHASSEE, FL 32317	-	-	•	000000522702 05/03/06-80041-015 150.00
rtle Name Street Address Caty-St-Zip				DO	NOT WRITE
TITLE MAMIC STREET AUDRESS CATY-ST-ZIP				IN 7	THIS SPACE
TISSLE NAME STREET ADDRESS CATY-SI-ZIP					
TITCE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 cath, that I am an officer of 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.					