2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000018077

1. Entity Name
SUNRISE AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
2531 N.W. 87TH LANE SUNRISE, FL 33322	2531 N.W. 87TH LANE SUNRISE, FL 33322

DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0662805
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT-WALTERS, LORETTA
2531 N.W. 87TH LANE
SUNRISE, FL 33322

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000821107
02/19/08-80010-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT-WALTERS, LORETTA
STREET ADDRESS	2531 N.W.87TH LANE
CITY-ST-ZIP	SUNRISE, FL
TITLE	D
NAME	SCOTT, RANDOLPH
STREET ADDRESS	2531 N.W.87TH LANE
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VP
NAME	WALTERS, CHARLES
STREET ADDRESS	2531 NW 87 LN
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Loretta Scott Walters LORETTA SCOTT WALTERS PRESIDENT 2/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #