

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000046772

1. Entity Name
STATIONER ON SUNRISE, INC.



Principal Place of Business
247 SUNRISE AVE.
PALM BEACH, FL 33480 US

Mailing Address
247 SUNRISE AVE.
PALM BEACH, FL 33480 US



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0667565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCHARD, DARLENE C
247 SUNRISE AVE.
PALM BEACH, FL 33480

**DO NOT WRITE
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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME BLANCHARD, DARLENE C
STREET ADDRESS 247 SUNRISE AVE.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE P
NAME BLANCHARD, JACK M
STREET ADDRESS 0247 SUNRISE AVE
CITY-ST-ZIP PLAM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000497900
04/22/06 80074-022 150.00

**DO NOT WRITE
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: X Darlene C. Blanchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 561 833-7971
Date Daytime Phone #