

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000089416

1. Entity Name
SUNRISE PROPERTIES OF FT. PIERCE, INC.



Principal Place of Business
**203 SOUTH 29TH ST.
FT. PIERCE, FL 34947**

Mailing Address
**203 SOUTH 29TH ST.
FT. PIERCE, FL 34947**

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0707887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLAY, BETTY J
203 SOUTH 29TH ST.
FT. PIERCE, FL 34947**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLAY, BETTY J
STREET ADDRESS	203 SOUTH 29TH ST.
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	DP
NAME	SLAY, ROBERT L
STREET ADDRESS	203 SOUTH 29TH STREET
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	DVPT
NAME	WILLIAMS, SANDRA A
STREET ADDRESS	9495 GERMANY CANAL ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34988
TITLE	DS
NAME	SHAW, JULIE A
STREET ADDRESS	990 N KINGS HIGHWAY
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	D
NAME	ANDERSEN, DEBORAH S
STREET ADDRESS	221 GARDEN AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	D
NAME	SLAY, RICHARD S
STREET ADDRESS	4313 BRIARCREST DRIVE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73072

000000041307
02/09/04-80084-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2004

Date

772-370-6527

Daytime Phone #