


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000089416
 1. Entity Name
SUNRISE PROPERTIES OF FT. PIERCE, INC.



Principal Place of Business _____ Mailing Address _____
203 SOUTH 29TH ST. 203 SOUTH 29TH ST.
FT. PIERCE, FL 34947 FT. PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE



03212005 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

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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, 2005 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 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 an other like empowered.

SIGNATURE: *Robert L. Slay* **PRESIDENT ROBERT L. SLAY** **3/28/05** **772-464-0997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #