


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90029 010 ***150.00

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0707887	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLAY, BETTY J 203 SOUTH 29TH ST. FT. PIERCE, FL 34947				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLAY, BETTY J	NAME			
STREET ADDRESS	203 SOUTH 29TH ST.	STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE, FL 34947	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLAY, ROBERT L	NAME			
STREET ADDRESS	203 SOUTH 29TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34947	CITY-ST-ZIP			
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, SANDRA A	NAME	WILLIAMS, SANDRA S		
STREET ADDRESS	9495 GERMANY CANAL ROAD	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34988	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, JULIE A	NAME			
STREET ADDRESS	990 N KINGS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34947	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSEN, DEBORAH S	NAME			
STREET ADDRESS	221 GARDEN AVENUE	STREET ADDRESS	FORT PIERCE, FL 34982		
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLAY, RICHARD S	NAME			
STREET ADDRESS	4313 BRIARCREST DRIVE	STREET ADDRESS	P.O. BOX 722166		
CITY-ST-ZIP	OKLAHOMA CITY, OK 73072	CITY-ST-ZIP	NORMAN, OK 73070		
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: <u>Robert L. Slay</u> ROBERT L. SLAY, PRESIDENT 1/4/2006 772-370-6527 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					