2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # P96000089416

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

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

DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

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 _____ 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, 2007 Fee will be $550.00

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

U00000626466
02/15/07-80020-018 150.00

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 S
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 34982
TITLE	D
NAME	SLAY, RICHARD S
STREET ADDRESS	P O BOX 722166
CITY-ST-ZIP	NORMAN, OK 73070

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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: Robert L. Slay ROBERT L. SLAY 2/4/07 772-370-6527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #