

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000089416

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



**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90072 005 ***150.00

400007100



01042008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name Robert L. Slay
Street Address (P.O. Box Number is Not Acceptable) 203 South 29th Street

City Fort Pierce	FL	Zip Code 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

Robert L. Slay Signature, typed or printed name of registered agent and/or if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

Delete

TITLE DP
NAME SLAY, ROBERT L
STREET ADDRESS 203 SOUTH 29TH STREET
CITY-ST-ZIP FORT PIERCE, FL 34947

Delete

TITLE DVPT
NAME WILLIAMS, SANDRA S
STREET ADDRESS 9495 GERMANY CANAL ROAD
CITY-ST-ZIP FORT PIERCE, FL 34988

Delete

TITLE DS
NAME SHAW, JULIE A
STREET ADDRESS 990 N KINGS HIGHWAY
CITY-ST-ZIP FORT PIERCE, FL 34947

Delete

TITLE D
NAME ANDERSEN, DEBORAH S
STREET ADDRESS 221 GARDEN AVENUE
CITY-ST-ZIP FORT PIERCE, FL 34982

Delete

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

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

772-464-0597

Daytime Phone #