

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089416

FILED
Feb 27, 2009
Secretary of State

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

Current Principal Place of Business:

203 SOUTH 29TH ST.
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

203 SOUTH 29TH ST.
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0707887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAY, ROBERT L
203 S 29TH ST
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

SLAY, ROBERT L PRES
203 S 29TH ST
FORT PIERCE, FL 34947 US

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.

SIGNATURE: ROBERT L. SLAY

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: SLAY, BETTY J
Address: 203 SOUTH 29TH ST.
City-St-Zip: FT. PIERCE, FL 34947

Title: DP () Delete
Name: SLAY, ROBERT L
Address: 203 SOUTH 29TH STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: DVPT () Delete
Name: WILLIAMS, SANDRA S
Address: 9495 GERMANY CANAL ROAD
City-St-Zip: FORT PIERCE, FL 34988

Title: DS () Delete
Name: SHAW, JULIE A
Address: 1121BCH COVE RD
City-St-Zip: WARNE, NC 28909

Title: D () Delete
Name: ANDERSEN, DEBORAH S
Address: 221 GARDEN AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: SLAY, RICHARD S
Address: P O BOX 722166
City-St-Zip: NORMAN, OK 73070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SHAW, JULIE A
Address: 1121 BEACH COVE ROAD
City-St-Zip: WARNE, NC 28909

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. SLAY

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date