

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90031 046 ***150.00

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1. Entity Name

SUNRISE LAND DEVELOPMENT, INC.



Principal Place of Business

9495 BLIND PASS RD., #405
ST. PETERSBURG BEACH FL 33706

Mailing Address

PO BOX 67014
ST PETERSBURG FL 33706



2. Principal Place of Business

5320 Bob Smith AVE
Suite, Apt. #, etc.

3. Mailing Address

5320 Bob Smith AVE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Plant City FL

City & State

Plant City FL

4. FEI Number

59-3559618

Applied For

Not Applicable

Zip

33565

Country

U.S.

Zip

33565

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, NINA L
9495 BLIND PASS RD., #405
ST. PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nina L. Carlisle

NINA L. CARLISLE, V.P.

4/30/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NELSON, TIMOTHY D ☐ Delete
STREET ADDRESS 9495 BLIND PASS RD., #405
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE VP
NAME CARLISLE, NINA L ☐ Delete
STREET ADDRESS 9495 BLIND PASS RD., #405
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Nina L. Carlisle NINA L. CARLISLE

4/30/05

727-804-4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #