

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037672

Entity Name: SUNRISE NURSERY, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

27730 FAYGIN LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27730 FAYGIN LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3582346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI, LEO J
SALVATORI & WOOD
4001 TAMiami TRL. N, STE. 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLASE, JAMES A
Address: 6355 22ND AVE NW
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: SHARP III, DARWIN L
Address: 4412 SW 7TH AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES A GLASE

P

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date