


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000077229	
1. Entity Name SUNRISE MARINE SERVICES, INC.	

Principal Place of Business 40151 LITTLE FARM ROAD PUNTA GORDA, FL 33982	Mailing Address 40151 LITTLE FARM ROAD PUNTA GORDA, FL 33982
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BONHOFF, DAVID R 40151 LITTLE FARM ROAD PUNTA GORDA, FL 33955	
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3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BONHOFF, DAVID R 40151 LITTLE FARM ROAD PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BONHOFF, LINDA J 40151 LITTLE FARM ROAD PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: <u>David R. Bonhoff</u> DAVID R. Bonhoff	<u>3/28/04</u> 3/28/04	<u>239-543-5529</u> 239-543-5529
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0944050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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04/01/04-80005-002 150.00

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