

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 040 ***150.00

DOCUMENT # V61264

1. Entity Name
SUNRISE LEASING, INC.



Principal Place of Business
**131 SOUTH COMMERCE AVE
SEBRING, FL 33870 US**

Mailing Address
**131 SOUTH COMMERCE AVE
SEBRING, FL 33870 US**

40004132



2. Principal Place of Business
1416 WHISPER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1416 WHISPER CIRCLE
Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
SEBRING FL
Zip **33870** Country **USA**

City & State
SEBRING FL
Zip **33870** Country **USA**

4. FEI Number
59-3138832
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MECOLLUM, JAMES F *MCCOLLUM*
129 S. COMMERCE AVE.
SEBRING, FL 33870

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 _____
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, 2006 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** ☐ Delete
NAME **SCOBIE, GARY**
STREET ADDRESS **131 S COMMERCE AVE**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☐ Delete
NAME **SCOBIE, KAREN**
STREET ADDRESS **131 S COMMERCE AVE**
CITY-ST-ZIP **SEBRING, FL 33870**

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 **1416 WHISPER CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1416 WHISPER CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

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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: *Karen Scobie* **KAREN SCOBIE** **1-11-06** **863382-4441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #