


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90039 038 \*\*\*150.00

<b>DOCUMENT # V61264</b> 1. Entity Name <b>SUNRISE LEASING, INC.</b>						
Principal Place of Business <b>1416 WHISPER CIR</b> <b>SEBRING, FL 33870 US</b>			Mailing Address <b>1416 WHISPER CIR</b> <b>SEBRING, FL 33870 US</b>			
2. Principal Place of Business - No P.O. Box # <b>410 E. HOGAN CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>410 E. HOGAN CIRCLE</b> Suite, Apt. #, etc.				
City & State <b>AVON PARK FL</b> Zip <b>33825</b>		City & State <b>AVON PARK FL</b> Zip <b>33825</b>		4. FEI Number <b>59-3138832</b>		
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MCCOLLUM, JAMES F</b> <b>129 S. COMMERCE AVE.</b> <b>SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOBIE, GARY 1416 WHISPER CIR SEBRING, FL 33870		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	410 E. HOGAN CIRCLE AVON PARK FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOBIE, KAREN 1416 WHISPER CIR SEBRING, FL 33870		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	410 E. HOGAN CIRCLE AVON PARK FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Karen Scobie</i> <b>KAREN SCOBIE</b>			4-10-07 863382 4441			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			