

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59358

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SUNCOAST CONTRACTORS SUPPLY, INC.

**Current Principal Place of Business:**

3160 KUTAK RD  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3160 KUTAK RD  
FT. MYERS, FL 33916

**New Mailing Address:**

FEI Number: 59-2536678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURDETTE, WILLIAM P.  
15291 SAM SNEAD LANE  
N. FT. MYERS, FL 33917      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: DP ( ) Delete  
Name: BURDETTE, WILLIAM P  
Address: 15291 SAM SNEAD LANE  
City-St-Zip: N. FT. MYERS, FL 33917

Title: DV ( ) Delete  
Name: MOORE, LANNY W., JR  
Address: 8451 CASA DEL RIO LN  
City-St-Zip: FT. MYERS, FL 33919

Title: DST ( ) Delete  
Name: MOORE, LANNY W., JR.  
Address: 8451 CASA DEL RIO LN  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM P. BURDETTE

DP

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date