


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000059431  
 1. Entity Name  
 SUNCOAST REALTY, INC.



|  |  |
|--|--|
| Principal Place of Business<br>3830 SOUTH HWY A1A<br>SUITE A-2<br>MELBOURNE BEACH, FL 32951 US | Mailing Address<br>3830 SOUTH HWY A1A<br>SUITE A-2<br>MELBOURNE BEACH, FL 32951 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3735267 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent  
 PARSONS, KATHLEEN  
 414 HIAWATHA WAY  
 MELBOURNE BEACH, FL 32951

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCULTHORP, BRIAN M<br>143 OCEANWAY DRIVE<br>MELBOURNE BEACH, FL 32951 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PARSONS, KATHLEEN E<br>414 HIAWATHA WAY<br>MELBOURNE BEACH, FL 32951  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

1100000371026  
 07/06/05-80007-002 558.75

**DO NOT WRITE IN THIS SPACE**

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: Kathleen E. Parsons Date: 7-1-05 Daytime Phone #: 321-674-9390