

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90232 050 ***150.00

DOCUMENT # P03000133070
1. Entity Name
SUNCOAST DIVERSIFIED SERVICES INC.



Principal Place of Business **Mailing Address**
 13342 88TH PLACE NORTH 13342 88TH PLACE NORTH
 SEMINOLE, FL 33776 US SEMINOLE, FL 33776 US

94074597



2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State **City & State**

4. FEI Number
20-0428487 **Applied For**
 Not Applicable

Zip **Country** **Zip** **Country**

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

6. Name and Address of Current Registered Agent
ACTIVE FILINGS, LLC
10651 NE 11TH COURT
MIAMI SHORES, FL 33138

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, 2004 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 <input type="checkbox"/> Delete
NAME	BROTHERS, WILLIAM
STREET ADDRESS	13342 88TH PLACE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D <input type="checkbox"/> Delete
NAME	BROTHERS, BARBARA
STREET ADDRESS	13342 88TH PLACE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William Brothers* **WILLIAM BROTHERS** *04/26/04* *727-393-4004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #