

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025852

Entity Name: SUNCOAST GOLF INC.

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

12830 SHADY HILLS ROAD
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

12830 SHADY HILLS ROAD
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 16-1692760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLER, ROLAND D ESQ.
5332 MAIN STREET
NEW PORT RICHEY, FL 34652 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: D () Delete
Name: RIZIK, FRED
Address: 1925 FOUNTAINVIEW AVE
City-St-Zip: HOUSTON, TX 77057

Title: D () Delete
Name: NICHOLAS, GEORGE
Address: 12830 SHADY HILLS ROAD
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIZIK, FRED
Address: 2401 FOUNTAINVIEW AVE - SUITE 350
City-St-Zip: HOUSTON, TX 77057

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: GEORGE NICHOLAS

D

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date