


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000002792 1. Entity Name SUNCOAST COMMERCIAL PROPERTIES, INC.	
---	---

Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765	Mailing Address 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765
--	--



03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2138172	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

APPELT, JAMES D D  
 1811 N BELCHER ROAD  
 I-2  
 CLEARWATER, FL 33765

**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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000949200  
 06/03/08-80019-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPELT, JAMES D 1811 N BELCHER ROAD SUITE I-2 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, ELLIOTT 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, SCOTT J 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

SIGNATURE:  Elliott M. Ross 4-16-08 727-725-2800

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #