


2008 ⁹ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
09 MAR 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000131364			
1. Entity Name SUNCOAST BROTHERHOOD II, INC.			
Principal Place of Business 9811 EL CAMINO REAL AVENUE PORT RICHEY, FL 34668		Mailing Address 9811 EL CAMINO REAL AVENUE PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
01242007		Chg-P CR2E034 (12/06)	
4. FEI Number 06-1806058		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SMITH, RON ESQ. 8293 86TH AVENUE NORTH LARGO, FL 33777		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUMBUS, WILLIAM M 9811 EL CAMINO REAL AVENUE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEASUREMENT July Beasley 761 S. Matica St. Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 600145989108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 03/17/09-01008-001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 all other like empowered.			
SIGNATURE: <i>William M. Columbus</i>		SIGNATURE: <i>July Beasley</i> 3-22-08 727-796-1636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	