

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075060

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: SUNCOAST POSTAL APPAREL, INC.

## Current Principal Place of Business:

1 KEY CAPRI 707 WEST  
TREASURE ISLAND, FL 337064937

## New Principal Place of Business:

1 KEY CAPRI  
707 WEST  
TREASURE ISLAND, FL 337064937

## Current Mailing Address:

1 KEY CAPRI 707 WEST  
TREASURE ISLAND, FL 337064937

## New Mailing Address:

1 KEY CAPRI  
707 WEST  
TREASURE ISLAND, FL 337064937

FEI Number: 59-3399560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STONA, VINCENT A JR.  
1 KEY CAPRI 707 WEST  
TREASURE ISLAND, FL 337064937 US

## Name and Address of New Registered Agent:

STONA, VINCENT A JR.  
1 KEY CAPRI  
707 WEST  
TREASURE ISLAND, FL 337064937 US

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:

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STONA, VINCENT A JR.  
Address: 1 KEY CAPRI 707 WEST  
City-St-Zip: TREASURE ISLAND, FL 337084937

Title: D ( ) Delete  
Name: STONA, GENEVIEVE C  
Address: 1 KEY CAPRI 707 WEST  
City-St-Zip: TREASURE ISLAND, FL 337064937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STONA, VINCENT A JR.  
Address: 1 KEY CAPRI APT. 707 WEST  
City-St-Zip: TREASURE ISLAND, FL 337084937

Title: D (X) Change ( ) Addition  
Name: STONA, GENEVIEVE E  
Address: 1 KEY CAPRI APT. 707 WEST  
City-St-Zip: TREASURE ISLAND, FL 337064937

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: VINCENT A. STONA

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date