

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000088255	
1. Entity Name SUNCOAST CITRUS, INC.	



Principal Place of Business 1095 A US 92 W AUBURNDAL, FL 33823	Mailing Address P O BOX 707 SAN ANTONIO, FL 33576-0707 US
--	---



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3287528	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FEEK, WILLIAM 12843 HAPPY HILL RD DADE CITY, FL 33525

**DO NOT WRITE
IN THIS SPACE**

B. 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, 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 NAME STREET ADDRESS CITY - ST - ZIP	TD FEEK, WILLIAM 1095 A US 92 W AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEAVER, ALISA F 1095 A US 92 W AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEAVER, R. WAYNE 1095 A US 92 W AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FEEK, WILLIAM 1095 A US 92 W AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000018295
01/28/04-80131-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 FEEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2004 863-667-3997
Date Daytime Phone #