

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90032 002 \*\*\*150.00

**DOCUMENT # 200081**  
 1. Entity Name  
**SUNCOAST TOWERS, INCORPORATED**



Principal Place of Business      Mailing Address  
 841 FORTH AVE N.                      146 2 ST N  
 ST. PETERSBURG, FL 33701              103  
     ST PETERSBURG, FL 33701      US

COUNTY



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

01052005      Chg-P      CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-0799396                      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARGER PROPERTIES**  
 146 2ND ST. N. #103  
 SAINT PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	HORNER, LARRY	
STREET ADDRESS	841 4TH AVE., 77 # 57	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAHER, DIANE	
STREET ADDRESS	841 4TH AVE. N. #63	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FUSON, DAVE	
STREET ADDRESS	841 4TH AVE. N. #27	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, LARRY	
STREET ADDRESS	841 4TH AVE. N. #54	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	DESMARAIS, JACQUIE	
STREET ADDRESS	841 4TH VE. N #33	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Hooker	
STREET ADDRESS	841 4th Ave. N #23	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Kerlin	
STREET ADDRESS	841 4th Ave. N. #35	
CITY-ST-ZIP	St. Petersburg, FL 33701	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diane Maher      03/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #