2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90008 041 ***150.00

DOCUMENT # 200081

1. Entity Name
SUNCOAST TOWERS, INCORPORATED

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0799396 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGER PROPERTIES 146 2ND ST. N. #103 SAINT PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORNER, LARRY	NAME	
STREET ADDRESS	841 4TH AVE N., #57	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAHER, DIANE	NAME	
STREET ADDRESS	841 4TH AVE. N. #63	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	VP ☑ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	TUCKER, ROBIN	NAME	Pennie Funston
STREET ADDRESS	841 4TH AVE N #23	STREET ADDRESS	841 4th Ave. N. # 31
CITY-ST-ZIP	ST PETERSBURG, FL 33701	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DESMARAIS, JACQUIE	NAME	
STREET ADDRESS	841 4TH AVE N., #33	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KERLIN, BRIAN	NAME	
STREET ADDRESS	841 4TH AVE N., #35	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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. DIANE MAHER, PRESIDENT

SIGNATURE: Diane Maher 3/21/07 727-866-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #