


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 031 ***150.00

DOCUMENT # 267621
 1. Entity Name
SUNCOAST PRECISION TOOLS, INC.



44047670



Principal Place of Business Mailing Address
7421 114TH AVE. N. **7421 114TH AVE. N.**
SUITE 205 **SUITE 205**
LARGO, FL 33773 **LARGO, FL 33773**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

05172004 Chg-P CR2E034 (10/03)

4. FEI Number Applic For
59-2126367 Not Applicable

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

6. Name and Address of Current Registered Agent
SHEEN, MILTON R IV
9409 MONICA DR
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and is a \$ applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | CPD | <input type="checkbox"/> Delete |
| NAME | SHEEN, MILTON R IV | |
| STREET ADDRESS | 9409 MONICA DR | |
| CITY-ST-ZIP | SEMINOLE, FL 33777 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | SHEEN, JILL | |
| STREET ADDRESS | 9409 MONICA DR | |
| CITY-ST-ZIP | SEMINOLE, FL 33777 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | KUCERA, VINCE | |
| STREET ADDRESS | 13787 94TH AVE NO | |
| CITY-ST-ZIP | SEMINOLE, FL 33776 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | <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 | | |

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 empowered.

SIGNATURE: *[Signature]* **4/7/2004** **727-576-4655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext #208

All 4 checked

**Suncoast
Precision
Tools™ INC.**

*Dr 26 76 21
44047670*

"Cutting Tool & Screw Machine Specialists"

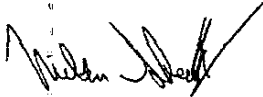
Tuesday, July 06, 2004

To Whom It May Concern:

I had mailed Back on April 7th Check #24707 and I've tried calling several times and couldn't get through. I checked with my Bank and that check hasn't cleared so I'm sending you another one. Please let me know somehow that you've received this, my Email is miltoniv@suncoasttools.com or my direct private fax is 727-289-0008.

Thanks,
Milton

Thank you,
Milton Sheen IV



President

Visit us on the web at <http://suncoasttools.com>

Email: sales@suncoasttools.com

Phone: 800-872-2281 727-546-4655 Fax 727-546-6205 or 800-288-4169

7421 114th Ave North, Suite #205, Largo FL 33773