2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 267621

FILED Feb 05, 2008 Secretary of State

Entity Name: SUNCOAST PRECISION TOOLS, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
7421 114TI SUITE 205 LARGO, FI					
Current Mailing Address:			New Mailing Address:		
7421 114TI SUITE 205 LARGO, FI	ı				
FEI Number:	59-2126367	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SHEEN, MILTON R IV 10455 67TH AVE NORTH SEMINOLE, FL 33772 US			SHEEN, MILTON R 4022 PORTSMOUT LARGO, FL 33771	SHEEN, MILTON R IV 4022 PORTSMOUTH ROAD LARGO, FL 33771 US	
The above in the State		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: MILTON R SHEEN IV				02/05/2008	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPD (SHEEN, MILTO 10455 67TH AV SEMINOLE, FL	/E NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SHEEN, MILTO 7786 BREAKW BOKEELIA, FL	ATER COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SHEEN, JAN T 7786 BREAKW BOKEELIA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MILTON R SHEEN IV **CPD** 02/05/2008

NICCUM, BRADLEY S

1119 CARBONE WAY

APOPKA, FL 32703

Name:

Address:

City-St-Zip: