

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90363 008 \*\*\*150.00

**DOCUMENT # 349383**

1. Entity Name  
**SUNCOAST GENERATOR AND STARTER SERVICE, INC**



Principal Place of Business      Mailing Address  
3400 70TH AVE N      3400 70TH AVE N  
PINELLAS PARK, FL 33781      PINELLAS PARK, FL 33781      US      US

**66424673**



2. Principal Place of Business      3. Mailing Address  
5669 70th Avenue N      5669 70th Avenue n

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

03262004      Chg-P      CR2E034 (10/03)

City & State      City & State  
Pinellas Park Fl      Pinellas Park Fl

4. FEI Number      Applied For  
59-1267730      Not Applicable

Zip      Country      Zip      Country  
33781      Pinellas      33781      Pinellas

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

WACHTEL, JOHN R  
6091 99TH AVE N  
PINELLAS PARK, FL 33782

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      (NOTE: Registered Agent signature facts, ed v11)Pin iprinting.

**FILE NOWM FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS      11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WACHTEL, JOHN R 6091-99TH AVE NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WACHTEL, PAMELA A 6091 99TH AVE N PINELLAS, FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** John R Wachtel, President      Date 4/26/04      727-549-8100