

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 408891

1. Entity Name
SUNCOAST TITLE COMPANY OF FLORIDA, INC.



Principal Place of Business
7241 49TH STREET NORTH
PINELLAS PARK, FL 33781 US

Mailing Address
7241 49TH STREET NORTH
PINELLAS PARK, FL 34665



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1441090

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KANNER, MENI
5010 PARK BLVD.
PINELLAS PARK, FL 33781

**DO NOT WRITE
IN THIS SPACE**

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, 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	P
NAME	KANNER, MENI
STREET ADDRESS	5010 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	ST
NAME	KANNER, MENI
STREET ADDRESS	5010 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	V
NAME	KANNER, MALINA
STREET ADDRESS	5010 PARK BLVD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000299229
04/11/05-80100-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-05 727-544-8824