

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 432391

1. Entity Name
SUNCOAST OIL COMPANY OF FLORIDA



Principal Place of Business
**3355-A NINTH AVENUE NORTH
PO BOX 13095
ST. PETERSBURG, FL 33733**

Mailing Address
**3355-A NINTH AVENUE NORTH
PO BOX 13095
ST. PETERSBURG, FL 33733**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1477789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNN, STEVEN M
3355-A NINTH AVENUE NORTH
ST. PETERSBURG, FL 33713**

**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 relinquishing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUNN, JEAN F 4908 61ST AVE. SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DUNN, STEVEN M 4545 DOLPHIN CAY LN SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000510258
04/28/06-80075-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Signature) **(S.M. DUNN)**

4-12-06

727-323-1511