

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 448803

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SUNCOAST FINANCIAL CONCEPTS, INC.

**Current Principal Place of Business:**

5196 SUNNYDALE CIR  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51664  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 59-1570916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECHTOLD, DANIEL A  
240 NOKOMIS AVENUE SOUTH  
SUITE 200  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOREST, LORRAINE  
Address: 7111 MARIE G LAJOIE, SUITE 302  
City-St-Zip: VILLE D'ANJOU, PQ, CA H1J 2N5

Title: PD ( ) Delete  
Name: ALEXANDER, MARY A  
Address: 5196 SUNNYDALE CIR.S.  
City-St-Zip: SARASOTA, FL 34233

Title: PD ( ) Delete  
Name: ALEXANDER, ROBERT G  
Address: 5196 SUNNYDALE CIR.S.  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT G ALEXANDER

VP

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date