
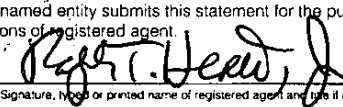
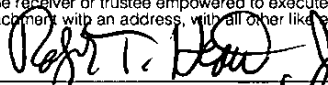


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 019 \*\*\*150.00

<b>DOCUMENT # 517293</b> 1. Entity Name <b>SUNCOAST ECOLOGICAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>18323 SUNSET BLVD REDINGTON SHORES, FL 33708 US</b>			Mailing Address <b>18323 SUNSET BLVD REDINGTON SHORES, FL 33708 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1697387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RINGELSPAUGH, KEITH A 3347 49TH ST N SAINT PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name <b>Ralph T. Heath, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18328 Gulf Blvd.</b> City <b>Indian Shores</b> <b>FL</b> Zip Code <b>33785</b>		
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 required when reinstating) DATE: <b>3/15/07</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HEATH, RALPH T JR 18328 GULF BLVD. INDIAN SHORES, FL 33708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RINGELSPAUGH, KEITH A 3347 49TH ST N ST PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		Date: <b>3/15/07</b> Daytime Phone #: <b>(727) 391-6211</b>			

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03122007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

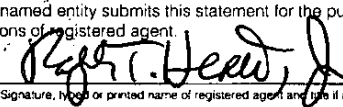
7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

18328 Gulf Blvd.

City Indian Shores FL Zip Code 33785

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SIGNATURE: 

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/15/07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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

**PD  
HEATH, RALPH T JR  
18328 GULF BLVD.  
INDIAN SHORES, FL 33708**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
RINGELSPAUGH, KEITH A  
3347 49TH ST N  
ST PETERSBURG, FL 33710**

☒ Delete

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CITY-ST-ZIP

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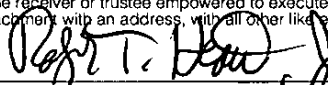
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TITLE ☐ Change ☐ Addition

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**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/07 Daytime Phone #: (727) 391-6211