

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 639775

1. Entity Name
SUNCOAST SYSTEMS, INC.



Principal Place of Business

3100 MCCORMICK STREET
PENSACOLA, FL 32514 US

Mailing Address

PO BOX 7105
PENSACOLA, FL 32534 US

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2118461

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMARD, THOMAS F.
6001 S. HIGHWAY 99
WALNUT HILL, FL 32568

**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	PD
NAME	SIMARD, THOMAS F.
STREET ADDRESS	6001 S. HIGHWAY 99
CITY - ST - ZIP	WALNUT HILL, FL
TITLE	V
NAME	COLLIER, L NEAL
STREET ADDRESS	3251 S. PINE BARREN RD.
CITY - ST - ZIP	MCDavid, FL
TITLE	ST
NAME	SIMARD, JANE F
STREET ADDRESS	6001 S. HIGHWAY 99
CITY - ST - ZIP	WALNUT HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80077-006 150.00

**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:

Jane Simard Jane Simard

4-15-5 850-478-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #