


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # 656620 1. Entity Name SUNCOAST AUTO RECYCLING CENTER, INC.	
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Principal Place of Business 1980 S SUNCOAST BLVD HOMOSASSA, FL 34448 US	Mailing Address 20495 BEALS CHAPEL RD LENOIR CITY, TN 37772 US
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1978403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STERCHI, GEORGE L.
1980 S SUNCOAST BLVD
HOMOSASSA, FL 34448**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	STERCHI, GEORGE L. 20495 BEALS CHAPEL RD LENOIR CITY, TN 37772
TITLE D	STERCHI, GAIL G. 20495 BEALS CHAPEL RD LENOIR CITY, TN 37772
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

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03/30/07-80109-013 150.00

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: Gail G. Sterchi GAIL G. STERCHI 3-22-07 (865) 986-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Director