## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 08:00 AM Secretary of State

DOCUMENT # 680645  1. Entity Name SUNCOAST VALET, INC.					Secretary of State
Principal Place of Business 7474 BURLINGTON AVE NO ST PETERSBURG, FL 33710		Mailing Address 7474 BURLINGTON AVE NO ST PETERSBURG, FL 33710		2 INWIN ms	
DO NOT WRITE IN THIS SPACE				02282005 4. FEI Numb 59-203	
7474 BÚR	TANLEY L. LLINGTON AVENUE RSBURG, FL 33710		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 life if applicable. (NOTE Registered Agent signature required when rejustating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.				00 May Be ed to Fees	
10. TIYLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SHOAF, STANLEY L. 7474 BURLINGTON AVE. ST. PETERSBURG, FL ST SHOAF, STANLEY L. 7474 BURLINGTON AVE. ST. PETERSBURG, FL	RECTORS			U00000258211 03/10/05-80030-015 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		13.2.20			NOT WRITE THIS SPACE
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12. Thereby certify that the information supplied with this filling 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 of 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:   SI					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysons Prome #					