

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680645

Entity Name: SUNCOAST VALET, INC.

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

7474 BURLINGTON AVE NO  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

7474 BURLINGTON AVE NO  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-2030676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHOAF, STANLEY L.  
7474 BURLINGTON AVENUE  
ST. PETERSBURG, FL 33710 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: PST ( ) Delete  
Name: SHOAF, STANLEY L.,  
Address: 7474 BURLINGTON AVE.  
City-St-Zip: ST. PETERSBURG, FL

Title: ST ( ) Delete  
Name: SHOAF, STANLEY L.,  
Address: 7474 BURLINGTON AVE.  
City-St-Zip: ST. PETERSBURG, FL

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

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: STANLEY L SHOAF

PRS

02/16/2009

Electronic Signature of Signing Officer or Director

Date