

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727600

FILED
Jan 17, 2005
Secretary of State

Entity Name: SUNCOAST REEF ROWDIES, INC.

Current Principal Place of Business:

1997 MICHIGAN AVE. N.E.
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

1997 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 23-7278984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SONIA M
1997 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

SMITH, SONIA M
1997 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

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:

01/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, SONIA M
Address: 1997 MICHIGAN AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP () Delete
Name: ED, ZURANSKI
Address: 1313 CRESENT DR.
City-St-Zip: LARGO, FL 33770

Title: TD () Delete
Name: SMITH, LORI
Address: 636 41 AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: SD () Delete
Name: FREDETTE, PATRICIA
Address: 9263 140TH WAY
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA M. SMITH

PD

01/17/2005

Electronic Signature of Signing Officer or Director

Date