


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 745716 1. Entity Name SUNCOAST CORVAIRS, INC.					
Principal Place of Business 9103 HARROW PLACE NEW PORT RICHEY FL 34655 US				Mailing Address 9103 HARROW PLACE NEW PORT RICHEY FL 34655 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNOWLES, NATALIE 9103 HARROW PLACE NEW PORT RICHEY FL 34655				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORTHINGTON, JAMES		NAME		
STREET ADDRESS	530 44TH ST SO		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG FL		CITY- ST- ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIOS, JASON		NAME		
STREET ADDRESS	1144 VICTOR HERBERT DRIVE		STREET ADDRESS		
CITY- ST- ZIP	LARGO FL 33771		CITY- ST- ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOHM, MIRIAM		NAME		
STREET ADDRESS	2075 BRADY DRIVE		STREET ADDRESS		
CITY- ST- ZIP	DUNEDIN FL 34698		CITY- ST- ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DATTOLO, RITA		NAME		
STREET ADDRESS	9917 KINGSPOET AVE		STREET ADDRESS		
CITY- ST- ZIP	NEW PORT RICHEY FL 34655		CITY- ST- ZIP		
TITLE	I <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, NATALIE		NAME		
STREET ADDRESS	9103 HARROW PLACE		STREET ADDRESS		
CITY- ST- ZIP	NEW PORT RICHEY FL 34655		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, LEWIS		NAME		
STREET ADDRESS	9103 HARROW PLACE		STREET ADDRESS		
CITY- ST- ZIP	NEW PORT RICHEY FL 34655		CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Natalie Knowles* **Natalie Knowles** *1/20/05* *(727) 375-5362*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #