

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90036 021 \*\*\*\*61.25

**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

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

FL

Zip Code

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

*Natalie Knowles*

Natalie Knowles, Treasurer

1/26/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | WORTHINGTON, JAMES        |  |
| STREET ADDRESS | 530 44TH ST-50            |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL         |  |
| TITLE          | SD                        | <input type="checkbox"/> Delete            |
| NAME           | RIOS, JASON               |  |
| STREET ADDRESS | 1144 VICTOR HERBERT DRIVE |  |
| CITY-ST-ZIP    | LARGO FL 33771            |  |
| TITLE          | P                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BLOHM, MIRIAM             |  |
| STREET ADDRESS | 2075 BRADY DRIVE          |  |
| CITY-ST-ZIP    | DUNEDIN FL 34698          |  |
| TITLE          | VD                        | <input type="checkbox"/> Delete            |
| NAME           | DATTILO, RITA             |  |
| STREET ADDRESS | 9917 KINGSPORE AVE        |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34655  |  |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | KNOWLES, NATALIE          |  |
| STREET ADDRESS | 9103 HARROW PLACE         |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34655  |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | KNOWLES, LEWIS            |  |
| STREET ADDRESS | 9103 HARROW PLACE         |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34655  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Worthington, James      |  |
| STREET ADDRESS | 6695 52nd Way, North    |  |
| CITY-ST-ZIP    | Pinellas Park, FL 33781 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blohm, Miriam           |  |
| STREET ADDRESS | 2075 Brady Drive        |  |
| CITY-ST-ZIP    | Dunedin, FL 34698       |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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, Treasurer

1/26/06

(727)375-5362