

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90029 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
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2. Principal Place of Business - No P.O. Box # 652 CIRCLE DRIVE E. Suite, Apt. #, etc.	3. Mailing Address 652 CIRCLE DRIVE E. Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State LARGO, FL	City & State LARGO, FL
Zip 33770	Zip 33770
Country USA	Country USA

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNOWLES, NATALIE 9103 HARROW PLACE NEW PORT RICHEY FL 34655	7. Name and Address of New Registered Agent Name MONICA PINNELL Street Address (P.O. Box Number is Not Acceptable) 652 CIRCLE DRIVE E. City LARGO FL Zip Code 33770
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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 Monica S. Pinnell , MONICA PINNELL 3-19-07  
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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTHINGTON, JAMES 6695 52ND WAY N PINELLAS PARK FL 33781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WORTHINGTON, JAMES 6695 52 WAY N. PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIOS, JASON 1144 VICTOR HERBERT DRIVE LARGO FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PINNELL, JOHN 652 CIRCLE DRIVE E. LARGO, FL 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOHM, MIRIAM 2075 BRADY DRIVE DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MELERINE, TINA 7943 WOODVINE CIRCLE TAMPA, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DATILO, RITA 9917 KINGSPORT AVE NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PINNELL, MONICA 652 CIRCLE DRIVE E. LARGO, FL 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNOWLES, NATALIE 9103 HARROW PLACE NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOWLES, LEWIS 9103 HARROW PLACE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Monica S. Pinnell MONICA PINNELL 3-19-07 727-418-7907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #