2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 745716

Entity Name: SUNCOAST CORVAIRS, INC.

Current Principal Place of Business:

3001 34TH AVE N
SAINT PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

3001 34TH AVE N
SAINT PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CAROL A
3001 34TH AVE N
SAINT PETERSBURG, FL 33713 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WORTHINGTON, JAMES
Address: 6695 52ND WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: T ( ) Delete
Name: SMITH, CAROL A
Address: 3001 34TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S ( ) Delete
Name: MELERINE, TINA
Address: 7943 WOODVINE CIR
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: KNOWLES, LEWIS
Address: 9103 HARROW PLACE
City-St-Zip: NEW PORT RICHEY, FL 34655

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

SIGNATURE: CAROL A. SMITH TREA 04/10/2009
Electronic Signature of Signing Officer or Director Date