

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001424

FILED
Jan 05, 2007
Secretary of State

Entity Name: SUNCOAST INFRASTRUCTURE, INC.

Current Principal Place of Business:

1890 HIGHWAY 42 SOUTH
FLORENCE, MS 39073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 397
FLORENCE, MS 39073

New Mailing Address:

FEI Number: 64-0896901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: RULA, RICHARD A
Address: 2352 TWIN LAKES CIRCLE
City-St-Zip: JACKSON, MS 39211

Title: VP () Delete
Name: CAUSEY, JOHN W
Address: 1890 HWY 49 SOUTH
City-St-Zip: FLORENCE, MS 39073

Title: S () Delete
Name: HARRISON, BETH J
Address: 1890 HIGHWAY 49 SOUTH
City-St-Zip: FLORENCE, MS 39073

Title: T () Delete
Name: COLLINS, ROBERT B
Address: 479 ARUNDEL DRIVE
City-St-Zip: BRANDON, MS 39047

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

SIGNATURE: DARIN GRANTHAM

CPA

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date