

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006141

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SUNCOAST NATURALS, INC.

## Current Principal Place of Business:

5422 CARRIER DRIVE, STE. 309  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

5447 NW 42ND AVE.  
BOCA RATON, FL 33496

## New Mailing Address:

FEI Number: 02-0656132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REILLY, WILLIAM J  
5447 NW 42ND AVE.  
BOCA RATON, FL 33496 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: CP ( ) Delete  
Name: REILLY, WILLIAM J  
Address: 5447 NW 42ND AVE.  
City-St-Zip: BOCA RATON, FL 33496

Title: DS ( ) Delete  
Name: HAGAN, THOMAS  
Address: 401 BROADWAY, SUITE 912  
City-St-Zip: NEW YORK, NY 10013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: WILLIAM J. REILLY

PRES

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date