

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F14773

1. Entity Name
SUNCOAST FORMS & SYSTEMS, INC.



Principal Place of Business

1045 N LIME AVENUE
P O BOX 49497
SARASOTA, FL 34237

Mailing Address

1045 N LIME AVENUE
P O BOX 49497
SARASOTA, FL 34230-6497 US



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2054108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DONNELLY, DAVID L
1045 N LIME AVE
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DVS
DONNELLY, BARBARA D
STREET ADDRESS
2546 CLEMATIS ST
CITY - ST - ZIP
SARASOTA, FL 34239

TITLE
NAME
DPT
DONNELLY, DAVID L
STREET ADDRESS
2546 CLEMATIS ST
CITY - ST - ZIP
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000497618
04/22/06-80063-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara D. Donnelly (Barbara D. Donnelly) 4/7/06 941-366-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #