

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81906

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** SUNCOAST TOOL & GAGE INDUSTRIES, INC.

**Current Principal Place of Business:**

11625-54TH STREET, NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

11625-54TH STREET, NORTH  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 59-2212545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, MICHAEL J.  
111 MASTERS LANE  
SAFETY HARBOR, FL 34695 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: VD  
Name: POWERS, MICHAEL  
Address: 111 MASTERS LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP  
Name: POWERS, MICHAEL  
Address: 111 MASTER LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S  
Name: HAYDEN, LISA M  
Address: 2016 DIPLOMAT DRIVE  
City-St-Zip: CLEARWATER, FL 33764

Title: PD  
Name: POWERS, MICHAEL J.  
Address: 111 MASTERS LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T  
Name: POWERS, MICHAEL  
Address: 111 MASTERS LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: LISA HAYDEN

S

04/30/2012

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

\_\_\_\_\_ Date