


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004038 ✓
 1. Entity Name
SUNCOAST ELECTRIC, INC.



Principal Place of Business Mailing Address
 7199 30TH AVENUE ORTH 7199 30TH AVENUE NORTH
 ST PETERSBURG, FL 33710 US ST PETERSBURG, FL 33710 US

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 91-1828301 Not Applicable

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

6. Name and Address of Current Registered Agent

PENNER, DONALD C
 7199 30TH AVE NO
 ST PETERSBURG, FL 33710

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution **Added to Fees**

U00000077828
 03/08/04-80001-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PENNER, DONALD C 7199 30TH AVE NORTH ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHORR, PAUL C III 6940 "O" STREET STE 336 LINCOLN, NE 68510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUFFO, ELIZABETH A 5860 37TH AVE N #10 SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAY, WILLIAM E 2528 65TH AVE N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Elizabeth A. Buffo **TREASURER** 3-3-04 727-347-2176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #