



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90191 027 ***150.00

DOCUMENT # G14055 1. Entity Name SUNCOAST DESIGNER HOMES, INC.					
Principal Place of Business 9953 INDIAN KEY KEY TRAIL SEMINOLE, FL 33776 US				Mailing Address P.O. BOX 8505 MADEIRA BEACH, FL 33738 US	
2. Principal Place of Business 904 BAY POINT DR <small>Suite, Apt. #, etc.</small> MADEIRA BEACH <small>City & State</small> FLA		3. Mailing Address P.O. Box 8505 <small>Suite, Apt. #, etc.</small> MADEIRA BEACH <small>City & State</small> FLA			
Zip 33708		Country PINELLAS		4. FEI Number 59-2251730	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent LEVESQUE, ROBERT A 904 BAY POINT DR MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVESQUE, ROBERT A. 904 BAY POINTE DR MADEIRA BEACH, FL 33708			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVESQUE, ROBERT C. 7621-75 AVE. NO. PINELLAS PARK, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Robert Levesque <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/20/04 727-4609061 <small>Date Daytime Phone #</small>	

Attachment



Division of Corporations

14006524

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Business Entity Name

SUNCOAST DESIGNER HOMES, INC.

FEI Number

59225173

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

904 Bay Point Drive

Suite, Apt. #, etc.

City, State

Madeira Beach

FL

Zip Code & Country

337308

US

Mailing Address

Address

P.O. BOX 8505

Suite, Apt. #, etc.

City, State

MADEIRA BEACH

FL

Zip Code & Country

33708

US

Name And Address of Registered Agent

Name (Last, First, Middle Title)

-or- RA Business Name

Robert A Levesque

Address

904 BAY POINT DR

Suite, Apt. #, etc.

City, State

MADEIRA BEACH

FL

Zip Code & Country

33708

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Robert A Levesque

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14006521



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Business Entity Name

SUNCOAST DESIGNER HOMES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Attachment
14000524
G14055

Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="pres"/>
Officer/Director Signature	<input type="text" value="Robert A Levesque"/>



14006524

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 9, 2004

SUNCOAST DESIGNER HOMES, INC.
P.O. BOX 8505
MADEIRA BEACH, FL 33738 US

SUBJECT: SUNCOAST DESIGNER HOMES, INC.
Ref. Number: G14055

We have received your document for SUNCOAST DESIGNER HOMES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00023496