

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20793

FILED
Jan 04, 2005
Secretary of State

Entity Name: SUNCOAST PENSION AND BENEFITS GROUP, INC.

Current Principal Place of Business:

320 W. FLETCHER
SUITE 107
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 82040
TAMPA, FL 33682 US

New Mailing Address:

FEI Number: 59-2250280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEUTZ, JAMES R.
320 W. FLETCHER AVENUE
SUITE 107
TAMPA, FL 33612 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: PD () Delete
Name: FEUTZ, JAMES R.,
Address: 320 W. FLETCHER AVENUE, SUITE 107
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: MILLER, NANCY T.,
Address: 526 GARRARD DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V () Delete
Name: ANDUX, FRANCES E,
Address: 1222 BEACON HILL DRIVE
City-St-Zip: TAMPA, FL 33613

Title: V () Delete
Name: CONWAY, FRANCIS M
Address: 19002 ST. LAURENT DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R. FEUTZ

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01/04/2005

Electronic Signature of Signing Officer or Director

Date