

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90083 044 ***158.75

DOCUMENT # G61627

1. Entity Name
SUNCOAST HEAT TREAT, INC.



Principal Place of Business
**4215 BURNS ROAD
PALM BEACH GARDENS, FL 33410**

Mailing Address
**4704 W. SOUTH AVENUE
TAMPA, FL 33614**

94006557



2. Principal Place of Business

3. Mailing Address

4215 BURNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State

City & State
PALM BEACH GARDENS, FL

4. FEI Number
59-2329844

Applied For
Not Applicable

Zip

Country

Zip

33410

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**BRISSELL, ROBERT H.
4704 W SOUTH AVENUE
TAMPA, FL 33614**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **BRISSELL, ROBERT H.**
STREET ADDRESS **4707 W. SOUTH AVENUE**
CITY-ST-ZIP **TAMPA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MCPEEK, JENNIFER L**
STREET ADDRESS **4215 BURNS RD**
CITY-ST-ZIP **PALM BCH GARDENS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GAYNE, JOANNE**
STREET ADDRESS **4215 BURNS ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HUTCHINSON, STEVE**
STREET ADDRESS **4215 BURNS ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jo Anne Gayne **JO ANNE GAYNE**

1/15/04

561-776-7763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #