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Mar 21, 2008 8:00 am
Secretary of State
03-04-2008 90011 012 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/4/

DOCUMENT # G61627

1. Entity Name
SUNCOAST HEAT TREAT, INC.

Principal Place of Business	Mailing Address
~~507 INDUSTRIAL WAY~~ ~~BOYNTON BEACH, FL 33426~~ 400 FENTRESS BLVD DAYTONA BCH, FC 32114	~~507 INDUSTRIAL WAY~~ ~~BOYNTON BEACH, FL 33426~~ PO BOX 111607 DAYTONA BCH, FL 32120

66004677

02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2329844
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRISELL, ROBERT H.
~~400 PENTRESS BLVD~~
~~DAYTONA BEACH, FL 32114~~
400 FenTress Blvd
DayTona Beach, Fl.
32114

DO NOT WRITE IN THIS SPACE

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 Jennifer L. McPeek, Vice Presidents Feb 28, 08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	
NAME	BRISELL, ROBERT H.	
STREET ADDRESS	~~400 FENTRESS BLVD~~	PO BOX 111607
CITY-ST-ZIP	~~DAYTONA BEACH, FL 32114~~	DAYTONA BCH, FL 32120
TITLE	P	
NAME	MCPEEK, JENNIFER L	
STREET ADDRESS	~~507 INDUSTRIAL WAY~~	PO BOX 111607
CITY-ST-ZIP	~~BOYNTON BEACH, FL 33426~~	DAYTONA BCH, FL 32120
TITLE	T	
NAME	~~GAYKE, JOANNE~~	Remove
STREET ADDRESS	~~507 INDUSTRIAL WAY~~	
CITY-ST-ZIP	~~BOYNTON BEACH, FL 33426~~	
TITLE	V	
NAME	~~HUTCHINSON, STEVE~~	Remove
STREET ADDRESS	~~507 INDUSTRIAL WAY~~	
CITY-ST-ZIP	~~BOYNTON BEACH, FL 33426~~	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jennifer L. McPeek, President 3/22/08 386-255-0935
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #