

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61925

FILED
Mar 12, 2008
Secretary of State

Entity Name: SUNCOAST PLUMBING AND ELECTRIC, INC.

Current Principal Place of Business:

6938 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446 US

New Principal Place of Business:

6970 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446 US

Current Mailing Address:

PO BOX 2290
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2340444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORKMAN, TODD M PRES.
3599 N YACHT TER
BEVERLY HILLS, FL 34465 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: P () Delete
Name: WORKMAN, TODD M
Address: 3599 N YACHT TER
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ST () Delete
Name: WORKMAN, JENNI S
Address: 3599 N YACHT TER
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: JENNI WORKMAN

ST

03/12/2008

Electronic Signature of Signing Officer or Director

_____ Date