

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H55712

FILED
Apr 26, 2007
Secretary of State

Entity Name: SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS OF CITRUS COUNTY, INC.

Current Principal Place of Business:

6044 N TALLAHASSEE RD
P.O.BOX 2377
CRYSTAL RIVER, FL 32629 US

New Principal Place of Business:

6044 N TALLAHASSEE RD
CRYSTAL RIVER, FL 32629 US

Current Mailing Address:

3790 N. HIGHWAY 441
P.O.BOX 1150
OCALA, FL 34478

New Mailing Address:

P.O. BOX 1150
OCALA, FL 34478

FEI Number: 59-2520760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, PATSY J PRES
3790 N. HIGHWAY 441
OCALA, FL 34475 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: VP () Delete
Name: GOOCH, DAVID B
Address: 247 NE 44TH AVE
City-St-Zip: OCALA, FL 34472

Title: PSDT () Delete
Name: BOWEN, PATSY J
Address: 3790 N US HWY 441
City-St-Zip: OCALA, FL 34475

Title: VP () Delete
Name: GOOCH, JENIFER
Address: 3790 N. US HWY 441
City-St-Zip: OCALA, FL 34475

Title: VP () Delete
Name: DARNELL, MARIE A
Address: 3790 N. US HWY 441
City-St-Zip: OCALA, FL 34475

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: OPT () Change (X) Addition
Name: MANSITO, NICOLAS JR.
Address: 3790 N. HWY 441
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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: PATSY J. BOWEN

P/D

04/26/2007

Electronic Signature of Signing Officer or Director

Date