

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # K19412

1. Entity Name

SUNCOAST MANAGEMENT, INC.



Principal Place of Business

2317 GUN HWY
ODESSA, FL 33556 US

Mailing Address

7801 PARK BLVD
PINELLAS PARK, FL 33781 US



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3081659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTLEY, HARDY H.
7801 PARK BLVD
PINELLAS PARK, FL 34665

**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

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HUNTLEY, HARDY H.
7501 82ND AVE. NO.
PINELLAS PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HUNTLEY, JANET A
7501 82ND AVE N
PINELLIS PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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08/05/04-80001-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-04

Date

Daytime Phone #