

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50214

FILED
Apr 06, 2004
Secretary of State

Entity Name: SUNCOAST LEASE-A-FLEET, INC.

Current Principal Place of Business:

2263 SEMINOLE BLVD.
LARGO, FL 33778 US

New Principal Place of Business:

11725 SEMINOLE BLVD
LARGO, FL 33778 US

Current Mailing Address:

2263 SEMINOLE BLVD.
LARGO, FL 346481721

New Mailing Address:

11725 SEMINOLE BLVD
LARGO, FL 346481721

FEI Number: 59-2924989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHLMAN, MARK
3275 21ST PLACE, SW.
LARGO, FL 34644

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: ST () Delete
Name: BRAGG, CLIFFORD L
Address: 217 NE MONROE CIR N
City-St-Zip: ST. PETERSBURG, FL

Title: VP () Delete
Name: BRAGG, LEECA K
Address: 217NE MONROE CIR N
City-St-Zip: ST.PETERSBURG, FL 33702

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 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 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: CLIFFORDBRAGG

PRES

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date