## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT Feb 19, 2004 08:00 AM Secretary of State **DOCUMENT # K97255** 1. Entity Name SUNCREST COFFEE & TEA, INC. Principal Place of Business Mailing Address 3450 OCEAN BEACH BLVD., #605 3450 OCEAN BEACH BLVD., #605 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 02162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2949011 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHILDERS, BONNIE DO NOT WRITE **1445 W KING ST** COCOA, FL 32922 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, typed or pristed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PLEDGER, DOROTHY S. NAME 3450 OCEAN BCH, BLVD., SUITE 605 STREET ADDRESS .U000000573<del>9</del>5 CITY-ST-ZIP COCOA BEACH, FL 32931 02/19/04-80060-007 150.00 TITLE PLEDGER, THOMAS D STREET ADDRESS 3450 OCEAN BCH. BLVD., SUITE 605 COCOA BEACH, FL 32931 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Logs

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONATURE AND SPIED OF PARTIED NAME OF MONING OFFICER OF DEPECTOR

2/16/04

324-199-4551

FILED