

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90434 017 ***150.00

DOCUMENT # L20287 1. Entity Name SUNCOAST COUNTRY CLUBS, INC.			
Principal Place of Business 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602 US		Mailing Address 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602 US	
2. Principal Place of Business 3702 WEST KENNEDY BLVD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 24269 Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA Zip 33609 Country		City & State TAMPA, FLORIDA Zip 33623 Country	
4. FEI Number 59-2970278		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKES, JAMES R 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3702 WEST KENNEDY BLVD. City TAMPA FL Zip Code 33609	
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: <u><i>James R. Mikes</i></u> JAMES R. MIKES 4.29.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MIKES, JAMES R. 400 NORTH ASHLEY PLAZA, SUITE 3000 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3702 WEST KENNEDY BLVD. TAMPA, FLORIDA 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>James R. Mikes</i></u> JAMES R. MIKES		4.29.04 813.495.4544 <small>Date Daytime Phone #</small>	