

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 OCT -5 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31289

1. Entity Name
SUNCREST REALTY ASSOCIATES, INC.



Principal Place of Business
950 N. COLLIER BLVD
MARCO ISLAND, FL 34145 US

Mailing Address
950 N. COLLIER BLVD
MARCO ISLAND, FL 34145 US



08202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0166649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASDOURIAN, ARTHUR
1036 S. COLLIER BLVD
SUITE 604
MARCO ISLAND, FL 33937

**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 date of application

NOTE: Registered Agent signature required when reinstating

DATE

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
PST
ASDOURIAN, ARTHUR
950 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

700041638807
10/06/04--01026--010 **150.00

**DO NOT WRITE
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)(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 ~~not~~ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR ASDOURIAN

Date

Daytime Phone #