

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89130

Entity Name: SUN COAST CONVERTERS INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

819 NAVY ST  
FT WALTON BEACH, FL 32547 US

## New Principal Place of Business:

## Current Mailing Address:

819 NAVY ST  
FT WALTON BEACH, FL 32547 US

## New Mailing Address:

FEI Number: 59-3020540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBB, JOAN M  
123 BEACH DR  
FT WALTON BCH, FL 32547 US

## 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: PD ( ) Delete  
Name: WEBB, JOAN M  
Address: 123 BEACH DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD ( ) Delete  
Name: WEBB, JOAN M.,  
Address: 123 BEACH DR  
City-St-Zip: FT WALTON BEACH, FL

Title: VPD (X) Delete  
Name: WOLVERTON, RONALD W  
Address: 7 ISLANDVIEW DR  
City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: WEBB, JOAN M  
Address: 123 BEACH DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD (X) Change ( ) Addition  
Name: WOLVERTON, RONALD W  
Address: 7 ISLANDVIEW DR  
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOAN M. WEBB

Electronic Signature of Signing Officer or Director

PSTD

02/05/2009

Date