2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2007 8:00 am **Secretary of State** DOCUMENT # M65670 1. Entity Name 02-14-2007 90065 043 \*\*\*158.75 SUNCOAST REBUILD CENTER, INC. Principal Place of Business Mailing Address C/O GLENN MCCABE 5604 N. 40TH ST. TAMPA FL 33610 C/O GLENN MCCABE 5604 N. 40TH ST. TAMPA FL 33610 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 2717 NORTH 58TH 2717 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FÉI Number 65-0040652 TAMPA AMPA Not Applicable Country U.S. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCABE, GLENN Street Address (P.O. Box Number is Not Acceptable) 13110 BÁLM BOYETTE RD RIVERVIEW FL 33569 Zip Code 8. The above named ent is 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 registe SIGNATURE nen reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THLE ☐ Change ■ Addition MCCABE, GLENN NAME NAME 13110 BALM BOYETTE RD STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY - SI - ZIP VΡ TITLE ☐ Defele TITLE ☐ Change ■ Addition MCCABE, PETER NAME NAME 13022 WATERFORD RUN DRIVE STREET ADORESS STREET ADDRESS RIVERVIEW FL 33569 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Change Addition MCCABE, PETER NAME NAME 13022 WATERFORD RUN DRIVE STREET ADDRESS STREET ADDRESS **RIVERVIEW FL 33569** CHY-SI-ZIP CITY - ST - 7IP TITLE Delete TITLE ☐ Change ■ Addition MCCABE, PETER NAME NAME 13022 WATERFORD RUN DRIVE STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY - ST - ZIP CITY - S1 - ZIP TITLE Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-SI-ZIP HTH Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - S1 - 71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this liming does not quality for the examptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplied antal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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.

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