

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65670

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUNCOAST REBUILD CENTER, INC.

Current Principal Place of Business:

2717 N. 58TH ST.
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

2717 N. 58TH ST.
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 65-0040652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCABE, GLENN
13110 BALM BOYETTE RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MCCABE, PETE
2717 NORTH 58TH STREET
TAMPA, FL 33619 US

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: PETER MCCABE

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCABE, GLENN,
Address: 13110 BALM BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: MCCABE, PETER
Address: 13022 WATERFORD RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: MCCABE, PETER
Address: 13022 WATERFORD RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: MCCABE, PETER
Address: 13022 WATERFORD RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PETER MCCABE

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date