


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80588</b>	
1. Entity Name <b>SUNCOAST RENOVATIONS, INCORPORATED</b>	

Principal Place of Business <b>2232 CHERYL RD LARGO, FL 33771 US</b>	Mailing Address <b>2232 CHERYL RD LARGO, FL 33771 US</b>
---	---



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2478852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BUJALSKI, JOHN 1650 FOX RD. CLEARWATER, FL 33764</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000832851  
02/27/08-80074-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUJALSKI, JOHN 1650 FOX RD. CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BUJALSKI, MARCIA 1650 FOX RD. CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marcia Bujalski 2-12-08 7275864700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Marcia Bujalski*