

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M90206

1. Entity Name
SUNCOAST ENTERTAINMENT CORP.



Principal Place of Business
**12995 S. CLEVELAND AVE
145
FT MYERS, FL 33907-742 US**

Mailing Address
**12955 S. CLEVELAND AVE
145
FT MYERS, FL 33907 US**



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0070947

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**PAULUS, THOMAS J.
14220 ROYAL HARBOR CT. #707
FORT MYERS, FL 33908**

**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 title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000105439
04/07/04-80025-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PAULUS, THOMAS J.
STREET ADDRESS	14220 ROYAL HARBOR CT. #707
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	PRENDERGAST, RICHARD
STREET ADDRESS	RFD- BOX 4339
CITY-ST-ZIP	LONG GROVE, IL
TITLE	D
NAME	SCHOFIELD, BILL
STREET ADDRESS	15340 FIDDLESTICKS BOULEVARD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #