


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90040 002 ***150.00

DOCUMENT # M90206 1. Entity Name SUNCOAST ENTERTAINMENT CORP.	
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Principal Place of Business 12995 S. CLEVELAND AVE 145 FT MYERS, FL 33907-742 US	Mailing Address <i>12995</i> 12995 S. CLEVELAND AVE 145 FT MYERS, FL 33907 US
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40004849



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0070947	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAULUS, THOMAS J. 14220 ROYAL HARBOR CT. #707 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENDERGAST, RICHARD RFD- BOX 4339 LONG GROVE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOFIELD, BILL 15340 FIDDLESTICKS BOULEVARD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  *Thomas J. Paulus* 1/10/05 239-936 3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #