

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 041 \*\*\*150.00

**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

2. Principal Place of Business  
**12734 Kenwood Ln.**  
Suite, Apt. #, etc.  
**#85**

3. Mailing Address  
**12734 Kenwood Ln.**  
Suite, Apt. #, etc.  
**#85**

City & State  
**Ft. Myers, FL**  
Zip  
**33907** Country  
**US**

City & State  
**Ft. Myers, FL**  
Zip  
**33907** Country  
**US**

03162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0070947** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Thomas J. Paulus*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/29/06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Thomas J. Paulus* **Thomas J. Paulus** **3/29/06** **239-936-3416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #