2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90335 031 ****61.25

DOCUMENT # N00000000974

1. Entity Name
SUNCOAST LIFE SOLUTIONS, INC.

14000770

Principal Place of Business	Mailing Address
~~5946 MAIN ST~~	~~5946 MAIN ST~~
NEW PORT RICHEY, FL 34652	NEW PORT RICHEY, FL 34652

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5609 U.S. 19	Same
Suite, Apt. #, etc.: UNIT K	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State
Zip: 34652 Country: USA	Zip Country

4. FEI Number 59-3598397 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOBBS, KAROLYN K ~~5946 MAIN ST~~ 5609 U.S. 19, UNIT K NEW PORT RICHEY, FL 34652	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, LYNN 7305 TANGLEWOOD DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMITH ROGET 6915 AMARILLO ST Port Richey FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BRENNER, WENDY 7224 GRAND BLVD NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pepper, Gary 18829 US Hwy 19 Hudson, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COOGAN, DAVE 2779 CAPWOOD LANE CLEARWATER, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUTCHER, RICHARD 3910 GLISSADE DR NEW PORT RICHEY, FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESS, RICK 5943 FALL RIVER DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLEY, JOAN 5841 MAIN STREET NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Karolyn R. Hobbs (KAROLYN R. HOBBS 3-24-04 7278460480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #