

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006516

**FILED**  
**Mar 15, 2004**  
**Secretary of State****Entity Name:** SUNCOAST BROWNS BACKERS, INC.**Current Principal Place of Business:**6419 BUTTE AVE.  
NEW PORT RICHEY, FL 34653**New Principal Place of Business:****Current Mailing Address:**6419 BUTTE AVE.  
NEW PORT RICHEY, FL 34653**New Mailing Address:****FEI Number:** 59-3672117**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COLUNDJIA, JOHN  
2231 FAIRFIELD AVENUE SOUTH  
SAINT PETERSBURG, FL 33712 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** STOLTZ, VIRGIL A  
**Address:** 6419 BUTTE AVE.  
**City-St-Zip:** NEW PORT RICHEY, FL 34653**Title:** VD ( ) Delete  
**Name:** LAMBERT, SHARI  
**Address:** 2118 EDELWEISS LOOP  
**City-St-Zip:** TRINITY, FL 34655**Title:** STD ( ) Delete  
**Name:** MIESER, FRED  
**Address:** 1307 MARAVISTA DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34655**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGIL A. STOLTZ

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date