

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000000641

1. Entity Name  
SUNCOAST AUTOMOTIVE TRADES ASSOCIATION, INC.



Principal Place of Business  
7015 HWY. 301 SOUTH  
RIVERVIEW, FL 33569

Mailing Address  
7015 HWY. 301 SOUTH  
RIVERVIEW, FL 33569

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1203192

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ESTO, RYAN  
7015 US 301 S  
RIVERVIEW, FL 33569

**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)

7/7/08

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000954015  
07/10/08-80005-005 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	KAHN, NEAL
STREET ADDRESS	528 W BRANDON BLVD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VD
NAME	LEDBETTER, MICHAEL
STREET ADDRESS	3805 US HWY 301
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	PD
NAME	ESTO, RYAN
STREET ADDRESS	7015 US HWY 301 SOUTH
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	SD
NAME	GILLESPIE, LARRY
STREET ADDRESS	4601 WEST HWY 60
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 (813)671-3556

Date

Daytime Phone #