

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90051 044 \*\*\*\*61.25

**DOCUMENT # N04000007419**

1. Entity Name  
**SUNCOAST SEALS OF FLORIDA, INC.**



Principal Place of Business  
**8810 TWIN LAKES BLVD.  
TAMPA, FL 33614**

Mailing Address  
**8810 TWIN LAKES BLVD.  
TAMPA, FL 33614**

2. Principal Place of Business  
**12719 Linda DR.**

3. Mailing Address  
**12719 Linda DR.**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip  
**33612**

Country  
**US**



02282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**412159777**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEBER, SCOTT  
PIPER RUDNICK, LLP  
101 EAST KENNEDY BLVD., STE. 2000  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
Name **Weber, Scott / DLA Piper Rudnick Gray**  
Street Address (P.O. Box Number is Not Acceptable) **Curry U.S. LLP**  
**101 East Kennedy Blvd. Suite 2000**  
City **Tampa** FL Zip Code **33602**

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 **Scott Weber** DATE **3/30/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
Due by **May 1, 2005**

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	<b>P ADDISON, DAN 5102 BELMERE PARKWAY, UNIT 2301 TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ADDISON, DAN 12719 Linda DR Tampa FL 33612</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HUDGENS, CHRIS 6005 N. TAMPA STREET TAMPA, FL 33604</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. &amp; Sec. Harshman, Bill 3535 Bridge Field DR. Lakeland, FL 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HERMES, JOHN 10507 ORANGE GROVE COURT TAMPA, FL 33618</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dan Addison** DATE **2-28-05** DAYTIME PHONE # **813-565-3826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR