
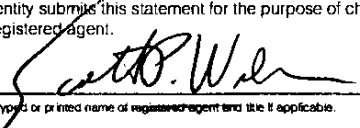
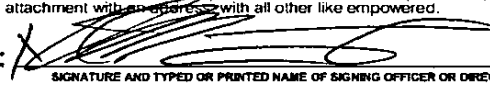


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 035 \*\*\*\*61.25

<b>DOCUMENT # N04000007419</b> 1. Entity Name <b>SUNCOAST SEALS OF FLORIDA, INC.</b>																																																																																																																																	
Principal Place of Business <b>12719 LINDA DR TAMPA, FL 33612</b>			Mailing Address <b>12719 LINDA DR TAMPA, FL 33612</b>																																																																																																																														
2. Principal Place of Business <b>4945 West Breeze Cir.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4945 West Breeze Cir.</b> Suite, Apt. #, etc.																																																																																																																															
City & State <b>Palm Harbor, FL</b> Zip <b>34683</b>		City & State <b>Palm Harbor, FL</b> Zip <b>34683</b>		4. FEI Number <b>41-2159777</b>																																																																																																																													
Country <b>Pinellas</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																													
6. Name and Address of Current Registered Agent <b>WEBER, SCOTT PIPER RUDNICK, LLP 101 EAST KENNEDY BLVD., STE. 2000 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>																																																																																																																													
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  (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																													
<b>Make check payable to Florida Department of State</b>																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>ADDISON, DAN</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>12719 LINDA DR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TAMPA, FL 33612</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td><b>HARSHMAN, BILL</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3535 BRIDGE FIELD DR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LAKELAND, FL 33803</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td><b>PD Oscar Menendez</b></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4945 West Breeze Cir.</b></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Palm Harbor, FL 34683</b></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>ADDISON, DAN</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>12719 LINDA DR</b>		CITY-ST-ZIP	<b>TAMPA, FL 33612</b>		TITLE	NAME	Delete	NAME	<b>HARSHMAN, BILL</b>	<input type="checkbox"/>	STREET ADDRESS	<b>3535 BRIDGE FIELD DR</b>		CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change	Addition	NAME	<b>PD Oscar Menendez</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>4945 West Breeze Cir.</b>			CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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:  (727) 1/14/06 942-2307 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																	



**PIPER RUDNICK  
GRAY CARY**

**ATTACHMENT**

40008340  
# NO 4000007419

**DLA Piper Rudnick Gray Cary US LLP**  
Suite 2000  
101 East Kennedy Boulevard  
Tampa, Florida 33602-5149  
T 813.229.2111  
F 813.229.1447  
W [www.dlapiper.com](http://www.dlapiper.com)

KELLY M. HEBERT  
[kelly.hebert@dlapiper.com](mailto:kelly.hebert@dlapiper.com)  
T 813.229.2111 F 813.229.1447

January 30, 2006

**VIA U.S. MAIL**

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Suncoast Seals of Florida, Inc.**

Dear Madam or Sir:

Enclosed is the Annual Report for **Suncoast Seals Of Florida, Inc.**, together with a check in the amount of \$61.25, made payable to the Florida Department of State.

Please contact me if you have any questions.

Sincerely,

**DLA PIPER RUDNICK GRAY CARY US LLP**

Kelly M. Hebert  
Project Assistant

/kmh  
473023.2  
Enclosures