


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

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007419</b> 1. Entity Name <b>SUNCOAST SEALS OF FLORIDA, INC.</b>	
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Principal Place of Business <b>4945 W BREEZE CIR PALM HARBOR, FL 34683</b>	Mailing Address <b>4945 W BREEZE CIR PALM HARBOR, FL 34683</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>41-2159777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WEBER, SCOTT PIPER RUDNICK, LLP 101 EAST KENNEDY BLVD., STE. 2000 TAMPA, FL 33602</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENENDEZ, OSCAR 4945 W BREEZE CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S HARSHMAN, BILL 3535 BRIDGE FIELD DR LAKELAND, FL 33803
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<p>U000000810853 02/11/08-80003-009 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>7-27-785-4461</b> <small>Daytime Phone #</small>
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