

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011247

FILED
Jul 28, 2008
Secretary of State

Entity Name: SUNCOAST ACF COOKS AND CHEFS INC.

Current Principal Place of Business:

1825 SAN MATEO DR
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1825 SAN MATEO DR
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-5796243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

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: DP () Delete
Name: ERICKSON, JOE
Address: 1825 SAN MATEO DR
City-St-Zip: DUNEDIN, FL 34698

Title: DT () Delete
Name: HAWI, KEN
Address: 1491 HEATHER DR
City-St-Zip: DUNEDIN, FL 34698

Title: DV () Delete
Name: MINKIN, BRIAN
Address: 5646 ILLINOIS AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV () Delete
Name: LACKEY, ERIC
Address: 1101 JACKMAR RD
City-St-Zip: DUNEDIN, FL 34698

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOE ERICKSON

PRES

07/28/2008

Electronic Signature of Signing Officer or Director

Date