## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2008 8:00 am Secretary of State

DOCUMENT # N14236  1. Enlity Name SUNCOAST CONCHOLOGISTS, INC.						04-03-2008	3 90020 009 *	***61	1.25	
Principal Place of Business Mailing Address P.O. 1564 PALM HARBOR, FL 34682-8564 PALM HARBOR, FL 34682-			582-8564		: -  <b>-  -  -  -  -  -  -  -  -  -  -  -  -  -</b>	KEN DIGIG NITTO KNIC I	PILL BERIL BURIS RUBIS RUBIS	[]]]]]		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-NP	CR2E037 (1:	2/06)		
City & State		City & State			4. FEI Number 59-2458	546		$\vdash$	oplied For	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		75 Add Require		
	6. Name and Address of Current	Registered Agent	i	1	7. Name and	Address of New	Registered Agent	1		
CMITH	ATUEDINE		Name							
SMITH, KATHERINE &BEXXINDD YAMEN KAKAKA XX2 RAWA KARBORX RIX XXXXX				Street Address (P.O. Box Number is Not Acceptable)						
3227 Ma	cGregor Drive									
Palm Harbor, Florida 34684			City		FL Zip Code			Э		
	e named entity submits this statement to clons of registered agent.  Hathuri S	r the purpose of changing its	registered office (	or registere	ed agent, or both	i, in the State of F	Florida. I am familia		and accept	
		- 144 4 6					,			
	Slovarka CHEPT Per Presiste Children	app trie ii applicable. (NOTE	: Registered Agent sign:	ature required v	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008		npaign Financing		\$5.00 May Be Added to Fees	Flo	Make check pay orida Departmen	able to		
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing	☐A	\$5.00 May Be	Flo	Make check pay	able to	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	9. Election Carr Trust Fund C	npaign Financing contribution.	□ A	\$5.00 May Be Added to Fees DDITIONS/CHA	Flo	Make check pay orida Departmen	able to	ate	
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12. Thereby Certify that the information supplied with this filing does not quality 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 eath; 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
Katherine E. Smith, Treasurer

4-1-08 Date 813-281-8483

Daytime Phone #