


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000013424**

1. Entity Name  
**SUNCAST, INC.**



Principal Place of Business  
**28909 US 19 N  
CLEARWATER, FL 33761**

Mailing Address  
**28909 US 19 N  
CLEARWATER, FL 33761**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**

**04 SEP 21 PM 1:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*24081962*

**8/27/04 90010 038 \$150.00**  
07082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1008821**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTANE, FERNANDO  
14203 WHITECAP AVE  
HUDSON, FL 34867**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTANEDA, FERNANDO 29113 US HWY 19 NORTH CLEARWATER, FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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]* **(127)777-9009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

282

September 19, 2004

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P00000013424

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Dear Sirs:

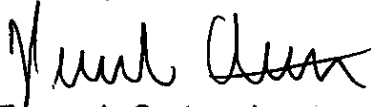
Following your instructions after our phone conversation of 09/14/04, I am writing this letter to explain in detail the reason of the delay in submitting the 2004 For Profit Corporation Annual Report.

Last year I changed my address because we moved from 29113 Us Hwy 19 to 28909 US Hwy N, and so, I did not received any notice or form on time.

For me it would be extremely difficult to pay \$400 at this time, and, like I said, it was not my fault, and I never had any intention of being late.

Thank you very much for your time and consideration, and I will do my best to avoid this inconvenience in the future.

Sincerely,



Fernando Castaneda  
President