2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P00000047262 . 02-28-2005 90198 023 ***158.75 SUNCOAST MANUFACTURED HOME REALTY INC Principal Place of Business Mailing Address **PPNN(4T0** 1425 MAIN ST., SUITE O' DUNEDIN FL 34698 1425 MAIN ST., SUITE O DUNEDIN FL 34698 CHANGE OF ADDRESS CHANGE OF ADDRESS 2. Principal Place of Business 3. Maiking Address 12077 SEMINOLE BLVD 12077 SEMINOLE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2F034 (10/04) City & State City & State Applied For 4. FÉI Number 59-3646236 SEMINOLE FLORIDA SEMINOLE FLORIDA Not Applicable Ζip Country \$8.75 Additional. 5. Certificate of Status Desired п 33778 Fee Required 33778 **PINELLAS** PINELLAS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAGEL, MAGALI Street Address (P.O. Box Number is Not Acceptable) 1909 RIDGE WOOD DRIVE CLEARWATER FL 33763 City 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. NAGEL MAGALI REGISTERED AGENT Signeture, syped or privated name of registered agent end little d'applicable. (NOTE: Registered Agent stone FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE UTLE Addition Detete PRESIDENT BRANDNER, YOLANDO D MALLE MALA YOLANDE D BRANDNER 7100 ULMERTON ROAD, #354 STREET ADDRESS STREET ADDRESS 8653 CERCLE CHATEAUX RAE CLEARWATER FL 33771 CITY-51-71P CITY-SI-ZIP SEMINOLE FL 33777 THILE ☐ Detete URE ☐ Change ☐ Addition SECRETARY BRANDNER GUENTER D NAME NAME GUENTER D BRANDNER STREET ADDRESS 7100 ULMERTON ROAD STREET ADDRESS 8653 CERCLE CHATEAUX RAE CLEARWATER FL 33771 CITY-ST-71P CITY-ST-7IP SEMINOLE FL 33777 III) F Change ☐ Addition UDF ☐ Deleba NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST- 7P TLTLE TITLE Addition | ☐ Delete ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3)(i), 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 if 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. 3-20-05 727-393-6189 SIGNATURE:

FILED

Mar 25, 2005 8:00 am