


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000077277</b>		
1. Entity Name <b>SUNCOAST TECHNICAL SOLUTIONS, INC.</b>		
Principal Place of Business <b>5232 SUMMERWOOD COURT SARASOTA, FL 34233</b>	Mailing Address <b>5232 SUMMERWOOD COURT SARASOTA, FL 34233</b>	

**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1036151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**T&H COMPTROLLERS, INC.  
200 CAPRI ISLES BLVD  
SUITE #2  
VENICE, FL 34292**

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IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D UNDERWOOD, DAVID 5232 SUMMERWOOD COURT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D UNDERWOOD, PATRICIA 5232 SUMMERWOOD COURT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

000000930028  
05/21/08-80093-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Patricia M. Underwood

Date 4/14/08 Daytime Phone # \_\_\_\_\_