

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000089796

1. Entity Name
SUN COAST REGIONAL, INC.



Principal Place of Business
6900 S. GRAY ROAD
INDIANAPOLIS, IN 46237

Mailing Address
6900 S. GRAY ROAD
INDIANAPOLIS, IN 46237



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-2120355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACKSON, ETHAN
STREET ADDRESS PO BOX 4870
CITY-ST-ZIP ST CROIX US, VI 00851

TITLE VPTD
NAME JACKSON, BLAKE A
STREET ADDRESS 6900 S GRAY RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

TITLE PD
NAME JACKSON, WESSLEY
STREET ADDRESS 6900 S GRAY RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

TITLE VPD
NAME JACKSON, KYLE
STREET ADDRESS PMB 200 4093 DIAMOND RUBY STE 7
CITY-ST-ZIP CHRISTIANSTED, VI 00820

TITLE S
NAME WILLIAMS, TERESA
STREET ADDRESS 6900 S GRAY RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

TITLE VP
NAME COX, DAVID
STREET ADDRESS 9421 HUNTER POND DRIVE
CITY-ST-ZIP TAMPA, FL 33647

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01/11/05-80040-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: *Wesley E. Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/05 317 783 5461