

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 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**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2120355

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	JACKSON, ETHAN
STREET ADDRESS	6900 S GARY RD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
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	6900 S GARY RD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
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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01/30/08-80075-026 150.00

**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:

Teresa C Williams, Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-08

Date

317-783-5461

Daytime Phone #