

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90015 015 ***150.00

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1. Entity Name

SUNCOAST TRANSPORT ENTERPRISES, INC.



Principal Place of Business

15205 PEACH ORCHARD ROAD
BROOKSVILLE FL 34614

Mailing Address

15205 PEACH ORCHARD ROAD
BROOKSVILLE FL 34614

2. Principal Place of Business - No P.O. Box #

13823 29th Road

Suite, Apt. #, etc.

3. Mailing Address

13823 29th Road

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

LAKE CITY, FL

Zip

32024

Country

USA

Zip

32024

Country

USA

4. FEI Number

59-3681290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNTSMAN, JAMES H	
STREET ADDRESS	15205 PEACH ORCHARD ROAD	
CITY- ST- ZIP	BROOKSVILLE FL 34614	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HUNTSMAN, MICHELLE L	
STREET ADDRESS	15205 PEACH ORCHARD ROAD	
CITY- ST- ZIP	BROOKSVILLE FL 34614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huntsman James H	
STREET ADDRESS	13823 29th Road	
CITY- ST- ZIP	Lake City, FL 32024	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huntsman Michelle L	
STREET ADDRESS	13823 29th Road	
CITY- ST- ZIP	Lake City, FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.

SIGNATURE:

Michelle Huntsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

(386) 963-2069

Daytime Phone #