

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 043 ***150.00

DOCUMENT # P00000116976					
1. Entity Name ENGLEWOOD SUNCOAST REAL ESTATE & ASSOCIATES, INC.					
Principal Place of Business 2400 SOUTH MCCALL ROAD SUITE E ENGLEWOOD, FL 34224			Mailing Address 2400 SOUTH MCCALL ROAD SUITE E ENGLEWOOD, FL 34224		
2. Principal Place of Business 3969 SOUTH ACCESS RD. Suite, Apt. #, etc.		3. Mailing Address 3969 SOUTH ACCESS RD. Suite, Apt. #, etc.		02202004 Chg-P CR2E034 (10/03)	
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL		4. FEI Number 65-1064415	
Zip 34224		Country U.S.		Applied For Not Applicable	
Zip 34224		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARST, PAUL E 2400 SOUTH MCCALL ROAD SUITE E ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name: KARST, PAUL E Street Address (P.O. Box Number is Not Acceptable): 3969 SOUTH ACCESS RD. City: ENGLEWOOD FL Zip Code: 34224		
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: PAUL E. KARST 2/20/04 <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARST, MARGARET M 108 FAIRWAY ROAD ROTONDA WEST, FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARST, MARGARET M. 1750 WEST STANAUCE ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, WILLIAM A 1055 ALSTON DRIVE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: