

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # P00000116976

1. Entity Name  
ENGLEWOOD SUNCOAST REAL ESTATE &  
ASSOCIATES, INC.



Principal Place of Business  
3969 SOUTH ACCESS RD  
ENGLEWOOD, FL 34224

Mailing Address  
3969 SOUTH ACCESS RD  
ENGLEWOOD, FL 34224



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1064415

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KARST, PAUL E  
3969 SOUTH ACCESS RD  
ENGLEWOOD, FL 34224

**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 KARST, MARGARET M  
STREET ADDRESS 1750 WINSTAN AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D  
NAME MACK, WILLIAM A  
STREET ADDRESS 1055 ALSTON DRIVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

00000023H033  
02/21/05-RG081-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/05 941-473-3552