## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Hale

## Feb 18, 2008 8:00 am DOCUMENT # P01000008000 **Secretary of State** 1. Entity Name 02-18-2008 90006 048 \*\*\*158.75 SUNCOAST ERECTORS, INC. Principal Place of Business Mailing Address PO BOX 1619 1629 CLAUDE RD MIDDLEBURG FL 32050 **ORANGE PARK FL 32003-7903** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-3692195 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONALD, WELLS L Street Address (P.O. Box Number is Not Acceptable) 1629 CLÁUDE RD ORANGE PARK FL 32003-7903 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 iranin of registered agent unit title if sophicable. (NOTE: Registered Agent eignature required when reinstitting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change ☐ Addition PEEPLES, DALE A NAME NAME STREET ADDRESS 822 ARTHUR MOORE DR. STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY - ST- ZIP CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE ☐ Change ■ Addition FARNHAM, DANNY M NAME STREET ADDRESS STREET ADDRESS 7161 LUCKY DR WEST CITY-ST-ZIP JACKSONVILLE FL 32208 CITY-ST-2IP ☐ Change Delete TITLE ■ Addition TITLE MASIE MAME — DARTEZ, RENE H STREET ADDRESS STREET ADDRESS 2150 HAMILITON STREET CITY-ST-7/P CITY-ST-7IP JACKSONVILLE FL 32210 STD ☐ Delete ☐ Change ☐ Addition TITLE TITLE PEEPLES, LEE M NAME NAME 822 ARTHUR MOORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP TITLE ☐ Delete TOTALE ☐ Change PEEPLES, DAVE A 6038 COUNTY Road 315C PEEPLES, DAVE A NAME NAME 6038 COUNTY ROAD 315 C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 efficer 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 attagrament with an address, with all other like empowered.

Dale A. reeples

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #