2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P01000008000

Entity Name: SUNCOAST ERECTORS, INC.

Current Principal Place of Business:

1629 CLAUDE RD
ORANGE PARK, FL 320037903

New Principal Place of Business:

Current Mailing Address:

PO BOX 1619
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 59-3692195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALD, WELLS L
1629 CLAUDE RD
ORANGE PARK, FL 320037903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PEEPLES, DALE A	
Address:	822 ARTHUR MOORE DR.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VD	( ) Delete
Name:	FARNHAM, DANNY M	
Address:	7161 LUCKY DR WEST	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	VD	( ) Delete
Name:	DARTEZ, RENE H	
Address:	2150 HAMILITON STREET	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	STD	( ) Delete
Name:	PEEPLES, LEE M	
Address:	822 ARTHUR MOORE DR.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VD	( ) Delete
Name:	PEEPLES, DAVE A	
Address:	6038 COUNTY ROAD 315C	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE A. PEEPLES PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date