


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90049 014 ***150.00

DOCUMENT # P01000027210 1. Entity Name SUNCOAST PROPERTIES OF THE ISLANDS, INC.					
Principal Place of Business 1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957			Mailing Address P. O. BOX 214 SANIBEL ISLAND, FL 33957		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 65-1127314	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRODEUR, RICHARD J 1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957				7. Name and Address of New Registered Agent Name Judy K. Brodeur Street Address (P.O. Box Number is Not Acceptable) 1640 Periwinkle Way Suite V City Sanibel Island FL Zip Code 33957	
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: <i>Richard J. Brodeur</i> Judy K. Brodeur 4/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME AST, WOLF E STREET ADDRESS P. O. BOX 214 CITY-ST-ZIP SANIBEL ISLAND, FL 33957	TITLE AST, ROSEMARIE <input type="checkbox"/> Delete NAME P. O. BOX 214 STREET ADDRESS SANIBEL ISLAND, FL 33957		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Richard J. Brodeur</i> Judy K. Brodeur 4/5/04 239 472-1734 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ADMINISTRATOR Date Daytime Phone #</small>					

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04052004 Chg-P CR2E034 (10/03)