
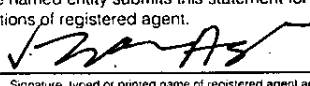
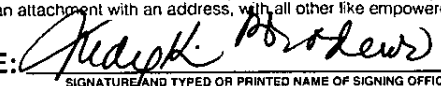


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90069 048 ***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 3757 WEST GULF DR			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SANIBEL ISLAND, FL			City & State		
Zip 33957	Country USA	Zip	Country	4. FEI Number 65-1127314	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRODEUR, JUDY K 1640 PERIWINKLE WAY SANIBEL ISLAND, FL 33957				7. Name and Address of New Registered Agent Name: WOLF E. AST Street Address (P.O. Box Number is Not Acceptable) 3757 WEST GULF DRIVE 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: 				DATE: 3/24/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AST, WOLF E		NAME		
STREET ADDRESS	P. O. BOX 214		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AST, ROSEMARIE		NAME		
STREET ADDRESS	P. O. BOX 214		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE: 3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

50030903



03222005 Chg-P CR2E034 (10/03)

3/24/05

SIGNATURE: 

Date

Daytime Phone #

JUDY K. BRODEUR