


**2005 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000032000</b>		
1. Entity Name SUNCOAST SUPPORT SERVICES, INC.		
Principal Place of Business 9861 82ND WAY NORTH LARGO, FL 33777		Mailing Address 9861 82ND WAY NORTH LARGO, FL 33777
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05082005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3708497 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  GODDARD, FRANK W 2959 FIRST AVE., NORTH ST. PETERSBURG, FL 33713		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, CARNA L 9861 82ND WAY NORTH LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARNES, DAVID M 9861 82ND WAY NORTH LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HETRICK, KAREN J 9861 82ND WAY NORTH LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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: <u>David M. Barnes</u> <sup>STD</sup> <b>DAVID M. BARNES</b>		5/9/05 727 743 8202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>