


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90129 026 ***150.00

DOCUMENT # P01000032591					
1. Entity Name SUNCOAST SPORTPLANES, INC.					
Principal Place of Business 39248 SOUTH AVE ZEPHYRHILLS, FL 33542			Mailing Address 39248 SOUTH AVE ZEPHYRHILLS, FL 33542		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3711385	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAZARUS, MONTE 222 WATERWAY COURT #202 MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name DAVID L. AUGUSTINE Street Address (P.O. Box Number is Not Acceptable) 11525 BRUIN DRIVE City NEW PORT RICHEY FL Zip Code 34654	
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>David L. Augustine</i> DAVID L. AUGUSTINE 3/27/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE					

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03272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3711385

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
DAVID L. AUGUSTINE
Street Address (P.O. Box Number is Not Acceptable)
11525 BRUIN DRIVE
City
NEW PORT RICHEY FL Zip Code
34654

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVESTER, ANDREW R 5901 BRICKLEBERRY LANE #103 ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A. Silvester* **A. SILVESTER / PRESIDENT** 3/27/07 813 779 2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #