


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90183 001 ***150.00

DOCUMENT # P01000056976					
1. Entity Name SUNCOAST TROPICAL PROMOTIONS, INC.					
Principal Place of Business 715 N WASHINGTON BLVD C SARASOTA, FL 34236			Mailing Address 715 N WASHINGTON BLVD C SARASOTA, FL 34236		
2. Principal Place of Business 540 CARILLON PKWY Suite, Apt. #, etc. Apt 1096		3. Mailing Address SAME			
City & State ST. PETERSBURG FL		City & State		4. FEI Number 65-1125991	
Zip 33716		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MARCUS J 4342 TIMOR PLACE PO BOX 1763 SARASOTA, FL 34230			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 540 CARILLON PKWY #1096 City ST PETERSBURG FL Zip Code 33716		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	D COHEN, MARCUS J 4342 TIMOR PLACE SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	540 CARILLON PKWY #1096 ST PETERSBURG FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: _____			4.15.04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		