

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000058393

1. Entity Name
SUNCOAST RV, INC.



Principal Place of Business
3332 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32246

Mailing Address
8003 JAMES ISLAND TRAIL
JACKSONVILLE, FL 32256



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742741

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAJALIA, MICHAEL M ESQ.
501 RIVERSIDE AVE., 7TH FLOOR
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	HASSAN, FRED S
STREET ADDRESS	8003 JAMES ISLAND TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DP
NAME	HASSAN, SALEM F
STREET ADDRESS	3332 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	SD
NAME	HASSAN GOODWIN, TRACY A
STREET ADDRESS	3332 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	HASSAN, ANN S
STREET ADDRESS	8003 JAMES ISLAND TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DT
NAME	BAJALIA, MICHAEL M ESQ.
STREET ADDRESS	502 RIVRSIDE AVE. 7TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	GOODWIN, MICHAEL
STREET ADDRESS	3332 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #