

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000063232

1. Entity Name  
SUNCOAST FINANCIAL MARKETING, INC.



Principal Place of Business  
415 COMMERCIAL COURT, SUITE C  
VENICE, FL 34292

Mailing Address  
415 COMMERCIAL COURT, SUITE C  
VENICE, FL 34292



**DO NOT WRITE IN THIS SPACE**

07132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1117337

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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  
HEARON, BRUCE  
415 COMMERCIAL CT., SUITE C  
VENICE, FL 34292

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
HEARON, MICHELLE  
415 COMMERCIAL CT., SUITE C  
VENICE, FL 34292

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000768970  
07/16/07-80008-024 150.00

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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 507, 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: *Bruce Hearon* Bruce Hearon

7-13-07

941-584-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #