


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90076 015 \*\*\*150.00

<b>DOCUMENT # P01000071893</b>	
1. Entity Name <b>SUNCOAST MORTGAGE CONSULTANTS, INC.</b>	

Principal Place of Business <b>3224 ST RD 60 EAST VALRICO, FL 33594</b>	Mailing Address <b>3224 ST RD 60 EAST VALRICO, FL 33594</b>
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**94044313**

2. Principal Place of Business <b>776 W. Lumsden Rd.</b>	3. Mailing Address <b>3913 Sabal Palm Ct</b>
Suite, Apt. #, etc. <b>Suite 105</b>	Suite, Apt. #, etc.
City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
Zip <b>33511</b>	Country <b>USA</b>



02252004 Chg-P CR2E034 (10/03)

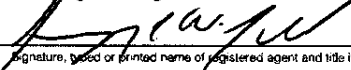
4. FEI Number <b>59-3735066</b>	Applied for... <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$**75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>MCGILL, GREGORY A 3913 SABAL PALM COURT BRANDON, FL 33511</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b>
Zip Code	

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  DATE **4/1/04**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGILL, GREG</b>		NAME	
STREET ADDRESS <b>3913 SABAL PALM CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BRANDON, FL 33511</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **4/1/04** 813-685-5568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR