Feb-12-04 12:14P D & L CPA's PA 727 392 5758 P.02

FILED
Mar 22, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078632

1. Entity Name
SUNCOAST CARTONS, INC.

Principal Place of Business	Mailing Address
22118 N 38TH ST TAMPA, FL 33605	12508 FOREST LN DR TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3742225 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NOGUEZ, JAMES D
12508 FOREST LN DR
TAMPA, FL 33624

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOGUEZ, JAMES D
STREET ADDRESS	12508 FOREST LANE DR
CITY-ST-ZIP	TAMPA, FL 336245707
TITLE	VP
NAME	NOGUEZ, MARGARET A
STREET ADDRESS	12508 FOREST LANE DR
CITY-ST-ZIP	TAMPA, FL 336245707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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03/22/04-80026-023 150.00

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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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/19/04 Date Daytime Phone #

JAMES D. NOGUEZ