

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094742

1. Entity Name
SUNCOAST WATER GARDENS, INC.



Principal Place of Business

9299 COUNTY LINE RD
SPRING HILL, FL 34608

Mailing Address

9299 COUNTY LINE RD
SPRING HILL, FL 34608

FILED
Feb 08, 2007 08:00 A
Secretary of State



02052007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2212530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OHLING, JOHN
9299 COUNTRY LINE RD
SPRING HILL, FL 34608

**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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME OHLING, JOHN
STREET ADDRESS 17024 AKINS DR
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE D
NAME OHLING, BEVERLY
STREET ADDRESS 17024 AKINS DR
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000627932
02/15/07-80073-022 150.00

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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 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:

Beverly Ohling
BEVERLY Ohling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

727-457-4496

Daytime Phone #