

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2005 90319 015 ***150.00

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FILED

05 MAY 26 PH 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000101365					
1. Entity Name SUNCOAST EQUINE SERVICES, INC.					
Principal Place of Business 10263 GANDY BLVD APT 504 ST PETERSBURG FL 33702			Mailing Address 10263 GANDY BLVD APT 504 ST PETERSBURG FL 33702		
2. Principal Place of Business 5820 PEREGRINE AVE		3. Mailing Address 5820 PEREGRINE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3753034	
Zip 32819		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent K STOEPKER, PETER 6608 WOOD MEADOW LOOP BRADENTON FL 34202			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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: _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.	<input type="checkbox"/> Delete	TITLE	P. STOEPKER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOEPKER, P		NAME		
STREET ADDRESS	10263 GANDY BLVD APT 504		STREET ADDRESS	5820 Peregrine Ave.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702		CITY-ST-ZIP	Orlando, FL 32819	
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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____			P. STOEPKER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/22/05 407-352		
			Daytime Phone # 9580		



5820 PEREGRINE AVE
ORLANDO, FLORIDA 32819
407-352-9588
E-MAIL: DRSP1@EARTHLINK.NET

Florida Department of State

Subject: Suncoast Equine Services, Inc.

Reference Number: P01000101365

May 21, 2005

In reference to your letter of May 10, 2005 I would like to inform you that Suncoast Equine Services, Inc. has only one officer, Peter Stoepker, President.
The street address of this officer is: 5820 Peregrine Ave
Orlando, FL 32819

Please consider this information as an attachment to the filing.

Sincerely,

Peter Stoepker

