

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109981

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: SUNCOAST MOTORCYCLE & MARINE, INC.

## Current Principal Place of Business:

1300 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

1300 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601

## New Mailing Address:

FEI Number: 59-3759017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SASSER, DAVID C ESQ  
29 SOUTH BROOKSVILLE AVENUE  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROMINE, JOHN  
Address: 23394 JACOBSON ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: ROMINE, REBECCA S  
Address: 23394 JACOBSON ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: ROMINE, JOHN  
Address: 23394 JACOBSON ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D/S (X) Change ( ) Addition  
Name: ROMINE, REBECCA S  
Address: 23394 JACOBSON ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D/V ( ) Change (X) Addition  
Name: HOFMEISTER, CRAIG L  
Address: 272 W. BRITIAN STREET  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Change (X) Addition  
Name: HOFMEISTER, GAIL A  
Address: 272 W. BRITIAN STREET  
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. ROMINE

D/P

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date