

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

03-29-2006 90130 037 ***150.00

DOCUMENT # P02000010990

1. Entity Name

SOUTHCOAST TOWNE CENTRE, INC.



Principal Place of Business

815 COLORADO AVENUE
SUITE 101
STUART FL 34994

Mailing Address

PO BOX 3059
STUART FL 34995



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

815 COLORADO AVE
Suite, Apt. #, etc. 101

3. Mailing Address

815 COLORADO AVE
Suite, Apt. #, etc. 101

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

20-1353512

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADFIELD, BOYD G
PO BOX 3059
STUART FL 34995

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

815 COLORADO AVE. # 101

City

STUART

FL

Zip Code

34994

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 Agents signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
D BRADFIELD, BOYD G
STREET ADDRESS
PO BOX 3059
CITY-ST-ZIP
STUART FL 34995

☐ Delete

TITLE NAME
815 COLORADO AVE
STREET ADDRESS
101
CITY-ST-ZIP
STUART, FL 34994

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

Date

Daytime Phone #