FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90771 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089037

1. Entity Name
FLORIDA SUNCOAST REALTY, INC.

Principal Place of Business	Mailing Address
621 EAST CAPE CORAL PARKWAY, UNIT 2 CAPE CORAL, FL 33904	621 EAST CAPE CORAL PARKWAY, UNIT 2 CAPE CORAL, FL 33904

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2926 SW Santa Barb. Pl.	2926 SW Santa Barb. Pl.
Suite, Apt. #, etc. / City & State: Cape Coral Fl.	Suite, Apt. #, etc. / City & State: Cape Coral Fl.
Zip: 33914 Country:	Zip: 33914 Country:

4. FEI Number 81-0579639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGEL, INGE 2926 SW SANTA BARBARA PLACE CAPE CORAL, FL 33914	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ________________________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ENGEL, INGE		NAME		
STREET ADDRESS	2926 SW SANTA BARBARA PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ENGEL, WILLIAM		NAME		
STREET ADDRESS	2926 SW SANTA BARBARA PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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: Inge Engel Inge Engel 04-28-04 239-574-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #