

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 048 ***150.00

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04072005 Chg-P CR2E034 (1Q/03)

DOCUMENT # P02000119780 1. Entity Name SUN COAST RECREATIONAL EQUIPMENT, INC.					
Principal Place of Business 1776 JACOBIN ST NW PALM BAY, FL 32907			Mailing Address 1776 JACOBIN ST NW PALM BAY, FL 32907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 81-0589889				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JANKS, DEANNA K 1776 JACOBIN ST NW PALM BAY, FL 32907			Name Patricia A. Janks Street Address (P.O. Box Number is Not Acceptable) 553 DEAN CT. NW Palm Bay City FL Zip Code 32907		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	DVP JANKS, DEANNA K 1776 JACOBIN ST NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JANKS, PATRICIA A 553 DEAN CT., NW PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JARKS, RONALD 1776 JACOBIN ST. NW PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JANKS, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JARKS, MICHAEL 1776 JACOBIN ST. NW PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JANKS, MICHAEL 553 DEAN CT. NW Palm Bay FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			26 April 05 321.726-9204 <small>Date Daytime Phone #</small>		