


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90044 022 ***150.00

DOCUMENT # P02000132707

1. Entity Name
SUN COAST OF POMPANO BEACH, INC.



Principal Place of Business: **105 CANNON CT. WEST, PONTE VEDRA BEACH FL 32082**

Mailing Address: **105 CANNON CT. WEST, PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **03-0507421** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name: **SKIP ATTINGER**

Street Address (P.O. Box Number is Not Acceptable): **105 CANNON COURT W.**

City: **PONTE VEDRA BEACH FL** Zip Code: **32082**

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: **SKIP ATTINGER / PARTNER** (NOTE: Registered Agent signature required when reinstating) DATE: **2/21/04**

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	SMITH, BEAVEN	
STREET ADDRESS	2798 NE 24TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, BOBBY	
STREET ADDRESS	3057 NE 49TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATTINGER, FRANK	
STREET ADDRESS	105 CANNON COURT W.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **FRANK ATTINGER** DATE: **2/21/04** DAYTIME PHONE #: **904-280-1904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR