


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 001 \*\*\*150.00

<b>DOCUMENT # P02000134612</b> 1. Entity Name <b>SUNCOAST BANK</b>					
Principal Place of Business <b>8592 POTTER PARK DR, STE 200 SARASOTA, FL 34238 US</b>			Mailing Address <b>8592 POTTER PARK DR, STE 200 SARASOTA, FL 34238 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0981044</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name  Street Address (P.O. Box Number is Not Acceptable)  City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFORD, JOHN T PD 8592 POTTER PARK DRIVE STE 200 SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Black, Henry Dr 2561 Fairway Woods Sarasota, FL 34238
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GNERRE, WILLIAM F VD 511 WEST LAKE DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKS, JOHN S V 416 PARK TRACE BLVD OSPREY, FL 34229	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FOXWORTHY, H R 7200 CHAMELEON WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERBERICH, LARRY 3900 LOSILLIAS DRIVE SARASOTA, FL 34238	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH, DONALD F 325 RINGLING POINTE DR SARASOTA, FL 34234	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cox, Jack 6442 Hollywood Blvd. Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Geimer 8520 Woodbriar Dr. Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" 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>					
Date: <b>4-26-05</b> Daytime Phone #: <b>941-923-0500</b>					

ATTACHMENT

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City & State			City & State		
Zip		Country		Zip	
Country		Country		04252005    Chg-P    CR2E034 (10/03)	
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Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
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State			State		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GNERRE, WILLIAM F VD 511 WEST LAKE DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GNERRE, WILLIAM F VD 511 WEST LAKE DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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