

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90046 001 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** *P03000002993*  
 1. Entity Name  
 SUNCOAST COMMUNITY MAINTENANCE, INC.

**DO NOT WRITE IN THIS SPACE**

50004150

2. Principal Place of Business 11186 SPRING HILL DR. #227 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34609	Country	Zip	Country

4. FEI Number 36-4523364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name JAMES MENNIE	
Street Address (P.O. Box Number is Not Acceptable) 18111 HERON WALK DR.	
City TAMPA	Zip Code FL 33647

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN MENNIE 12145 BUCKINGHAM WAY SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES MENNIE 18111 HERON WALK DR. TAMPA, FL 33647
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. Mennie* 3/7/06 813-688-7363  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #