

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

FILED
Apr 14, 2008 8:00 am x1
Secretary of State

04-14-2008 90067 037 ***150.00

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

DO NOT WRITE IN THIS SPACE

40068938

2. Principal Place of Business
11186 SPRING HILL DR. #227
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL
Zip
34609

City & State
Zip
Country

4. FEI Number
36-4523364
Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
JOHN MENNIE
Street Address (P.O. Box Number is Not Acceptable)
11186 SPRING HILL DR. #227
City
SPRING HILL FL Zip Code
34608

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

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN MENNIE 11186 SPRING HILL DR. #227 SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KIM MENNIE 11186 SPRING HILL DR. #227 SPRING HILL, FL 34609
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11.

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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:  John Mennie 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #