



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/22/2004-90027-036 \$150.00-\$150.00

<b>DOCUMENT # P03000056978</b> 1. Entity Name <b>SUNCOAST INSTALLATIONS, INC.</b>						04 MAY 27 AM 9:56  SECRETARY OF STATE TALLAHASSEE, FLORIDA    MOORE CR2E034 (11/03)																									
Principal Place of Business <b>1614 GULF RD. TARPON SPRINGS FL 34689</b>				Mailing Address <b>1614 GULF RD. TARPON SPRINGS FL 34689</b>																											
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip Country				City & State  Zip Country																											
4. FEI Number <b>076-0733138</b>				Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>SMITH, LISA 1614 GULF RD. TARPON SPRINGS FL 34689</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1614 GULF RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS FL 34689</td> <td></td> </tr> </table>				TITLE	PSD	<input type="checkbox"/> Delete	NAME	SMITH, LISA		STREET ADDRESS	1614 GULF RD.		CITY-ST-ZIP	TARPON SPRINGS FL 34689		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE <i>Lisa M Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <i>11/28/04</i>		Daytime Phone # <i>727-243 6112</i>																									