

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-22-2006 90040 008 ***150.00

DOCUMENT # P03000076753 1. Entity Name SUNCOAST GREAT RIVER GROVES, INC.					
Principal Place of Business 5317 SALISBURY LANE SARASOTA, FL 34241			Mailing Address PO BOX 19348 SARASOTA, FL 34276		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5032006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-1196844	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIVIK BRIVIK, CRAIG M 5317 SALISBURY LANE SARASOTA, FL 34241				7. Name and Address of New Registered Agent 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: (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OD WILKINSON, TY 5317 SALISBURY LANE SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRIVIK BRIVIK, CRAIG 5317 SALISBURY LANE SARASOTA, FL 34241	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Date: Daytime Phone #:					

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