


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000086815 1. Entity Name SUNCOAST PARTNERS, INC.					
Principal Place of Business 5613 GULF DRIVE NEW PORT RICHEY FL 34652			Mailing Address 5613 GULF DRIVE NEW PORT RICHEY FL 34652		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 47-0927013	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONE, RONALD W 4630 DEWEY DR. NEW PORT RICHEY FL 34652				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONE, RONALD W 4630 DEWEY DR. NEW PORT RICHEY FL 34652	U000000480990 04/11/06-80014-017 150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONE, DEBRA 4630 DEWEY DR. NEW PORT RICHEY FL 34652	Change Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald W. Leone **3-31-2006** **727-848-8991**