

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90024 025 \*\*\*150.00

<b>DOCUMENT # P03000093891</b> 1. Entity Name <b>SUNCOAST POWER BOATS INC.</b>					
Principal Place of Business <b>5504 VINCI CIRCLE SARASOTA, FL 34243 US</b>			Mailing Address <b>7625 MATOAKA ROAD SUITE A SARASOTA, FL 34243 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7625 MATOAKA ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE A</b>			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>20-0182394</b>	
Zip <b>34243</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWISHER, SCOTT T 2701 ROCKY POINT ROAD TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>Scott Ryerson</b> Street Address (P.O. Box Number is Not Acceptable) <b>7625 Matoaka Rd. Ste. A</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34243</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RYERSON, SCOTT A 5504 VINCI CIRCLE SARASOTA, FL 34243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO RYERSON, PAUL B 5504 VINCI CIRCLE SARASOTA, FL 34243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PANIGARAKIS, TITOS 16900 NORTH BAY DRIVE SUNNY ISLES, FL 33181</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Garrett P. Ryerson 22610 Plainfield Ct. Tomball TX 77375</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <b>1/16/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		