

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 048 \*\*\*150.00

**DOCUMENT # P03000104742**

1. Entity Name  
**SUNCOAST CONCRETE CONSTRUCTION INC.**



Principal Place of Business  
**23233 NANCY AVENUE  
PORT CHARLOTTE, FL 33952 US**

Mailing Address  
**23233 NANCY AVENUE  
PORT CHARLOTTE, FL 33952 US**

**50014727**



2. Principal Place of Business

**743 Ellicott Cir. NW**  
Suite, Apt. #, etc.

3. Mailing Address

**743 Ellicott Cir. NW**  
Suite, Apt. #, etc.

04162006 Chg-P CR2E034 (11/05)

City & State

**Port Charlotte, FL**

City & State

**Port Charlotte, FL**

4. FEI Number

**20-0248976**

Applied For

Not Applicable

Zip

Country

**33952**

**US**

Zip

Country

**33952**

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, DAVID N  
23233 NANCY AVENUE  
PORT CHARLOTTE, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

**743 Ellicott Cir. NW**

City

**Port Charlotte,**

**FL**

Zip Code

**33952**

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

**4/15/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**PDS  
ANDERSON, DAVID N  
23233 NANCY AVENUE  
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPDT  
ANDERSON, JUDI  
23233 NANCY AVENUE  
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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:

**David Neil Anderson Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/06**

**941-629-4921**

Daytime Phone #