

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90040 015 ***158.75



DOCUMENT # P03000114429
1. Entity Name
SUNCOAST PAINTING & REFINISHING INC.

Principal Place of Business **Mailing Address**
4920 SYCAMORE DRIVE **4920 SYCAMORE DRIVE**
NAPLES FL 34119 **NAPLES FL 34119**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**
 USA

4. FEI Number
 75-3133779 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name JANICE A. HARRIS
Street Address (P.O. Box Number is Not Acceptable) 4920 Sycamore Drive
City NAPLES **FL** **Zip Code** 34119

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 *Janice A. Harris* **3/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARRIS, WILLIAM C | |
| STREET ADDRESS | 4920 SYCAMORE DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William C. Harris | |
| STREET ADDRESS | 4920 Sycamore Drive | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | D & TRS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANICE A. HARRIS | |
| STREET ADDRESS | 4920 Sycamore Drive | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM C. HARRIS JR | |
| STREET ADDRESS | 4920 Sycamore Drive | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Janice A. Harris* **JANICE A. HARRIS** **3/26/04** **239-455-8373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #