

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138676

FILED  
May 01, 2009  
Secretary of State

Entity Name: SUNCOAST SCHOOL OF THE ARTS, INC.

## Current Principal Place of Business:

16449 US HIGHWAY 41  
SPRINGHILL, FL 34610 US

## New Principal Place of Business:

## Current Mailing Address:

19800 CAPONE LANE  
SPRINGHILL, FL 34610 US

## New Mailing Address:

PO BOX 9063  
MASARYKTOWN, FL 34604 US

FEI Number: 72-1575581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, MIGUEL L  
19800 CAPONE LANE  
SPRINGHILL, FL 34610 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODRIGUEZ, MARCIA C  
Address: 19800 CAPONE LANE  
City-St-Zip: SPRINGHILL, FL 34610 US

Title: CEO ( ) Delete  
Name: RODRIGUEZ, MIGUEL L  
Address: 19800 CAPONE LANE  
City-St-Zip: SPRINGHILL, FL 34610 US

Title: VP ( ) Delete  
Name: RODRIGUEZ, MIGUEL L  
Address: 19800 CAPONE LANE  
City-St-Zip: SPRINGHILL, FL 34610 US

Title: SEC ( ) Delete  
Name: RODRIGUEZ, MARCIA C  
Address: 19800 CAPONE LANE  
City-St-Zip: SPRINGHILL, FL 34610

Title: TREA ( ) Delete  
Name: RODRIGUEZ, MARCIA C  
Address: 19800 CAPONE LANE  
City-St-Zip: SPRINGHILL, FL 34610 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA RODRIGUEZ

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date