

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146891

FILED
Aug 06, 2007
Secretary of State

Entity Name: SUNCOAST CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

1121 PENINSULA RD
TARPON SPRINGS, FL 346892941

New Principal Place of Business:

Current Mailing Address:

1121 PENINSULA RD
TARPON SPRINGS, FL 346892941

New Mailing Address:

FEI Number: 32-0099180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OFRIA, MICHAEL J
1121 PENINSULA RD
TARPON SPRINGS, FL 346892941 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: DP () Delete
Name: OFRIA, MICHAEL J
Address: 1121 PENINSULA RD
City-St-Zip: TARPON SPRINGS, FL 346892941

Title: V () Delete
Name: WILLMITCH, JACK R II
Address: 6121 7TH AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S (X) Delete
Name: HUFF, MICHAEL J
Address: 7252 ABINGTON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HUFF, MICHAEL J
Address: 5109 TILSON DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MICHAEL J OFRIA

DP

08/06/2007

Electronic Signature of Signing Officer or Director

Date