

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018266

Entity Name: SUNCOAST LINERS, INC.

FILED  
Jan 21, 2005  
Secretary of State

## Current Principal Place of Business:

291 BENTLEY DRIVE  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

291 BENTLEY DRIVE  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 20-0631912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRICKE, DEBBIE  
291 BENTLEY DRIVE  
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: FRICKE, FRED  
Address: 291 BENTLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Change (X) Addition  
Name: HENDRICKS, DEAN  
Address: 5150 MT. PLYMOUTH ROAD  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED FRICKE

P

01/21/2005

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

\_\_\_\_\_  
Date