

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079189

FILED
Apr 26, 2005
Secretary of State

Entity Name: PINELLAS SUNCOAST SERVICES, INC.

Current Principal Place of Business:

10910 VALENCIA AVE.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10910 VALENCIA AVE.
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 51-0511687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIMMER, SHELBY
10910 VALENCIA AVE.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

LEWARNE, EDWARD
10910 VALENCIA AVE.
SEMINOLE, FL 33772 US

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: EDWARD LEWARNE

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: SCHIMMER, SHELBY J
Address: 10910 VALENCIA AVE
City-St-Zip: SEMINOLE, FL 33772

Title: VP, T () Delete
Name: LEWARNE, EDWARD
Address: 10910 VALENCIA AVE
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Delete
Name: LEWARNE, DAVID
Address: 10910 VALENCIA AVE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LEWARNE, EDWARD
Address: 10910 VALENCIA AVE
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Change () Addition
Name: LEWARNE, DAVID
Address: 10910 VALENCIA AVE
City-St-Zip: SEMINOLE, FL 33772

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

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: EDWARD LEWARNE

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date