


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90195 034 ***158.75

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| DOCUMENT # P04000138328 | | | |  | |
| 1. Entity Name SUNCOAST SPORTS PERFORMANCE, INC. | | | | | |
| Principal Place of Business 6032 FAIRWAY COURT NAPLES, FL 34110 | | | Mailing Address 6032 FAIRWAY COURT NAPLES, FL 34110 | | |
| 2. Principal Place of Business 11965 Collier Blvd. | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. Naples, | | Suite, Apt. #, etc. | | | |
| City & State Naples FL | | City & State | | | |
| Zip 34116 | Country USA | Zip | Country | 4. FEI Number 38-3709120 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent TOUCHETTE, ROBERT W 6032 FAIRWAY COURT NAPLES, FL 34110 | | | 7. Name and Address of New Registered Agent Name: Robert W. Touchette and Rebecca S. Touchette, Trustees of the Street Address (P.O. Box Number is Not Acceptable): Robert W Touchette Revocable Trust dated 4/14/05 6032 Fairway Ct. City: Naples FL Zip Code: 34110 | | |
| 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: <u>Robert W Touchette</u> Robert W Touchette President 1/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES TOUCHETTE, ROBERT W 6032 FAIRWAY COURT NAPLES, FL 34110 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TOUCHETTE, DEREK M 6032 FAIRWAY COURT NAPLES, FL 34110 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7960 Preserve Circle, #618 Naples, FL 34119 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TOUCHETTE, REBECCA S 6032 FAIRWAY COURT NAPLES, FL 34110 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TOUCHETTE, LISA A 6032 FAIRWAY COURT NAPLES, FL 34110 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7960 Preserve Circle, #618 Naples, FL 34119 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered. | | | | | |
| SIGNATURE: <u>Robert W Touchette</u> Robert W Touchette President 1/7/06 239-287-1175 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |