2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138328

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUNCOAST SPORTS PERFORMANCE, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11965 COLLIER BLVD NAPLES, FL 34116			12	11965 COLLIER BLVD 12 NAPLES, FL 34116 US		
Current Mailing Address:				New Mailing Address:		
6032 FAIR NAPLES, F	WAY COURT FL 34110					
FEI Number:	38-3709120	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
TOUCHETTE, ROBERT 6032 FAIRWAY COURT NAPLES, FL 34110 US			6032 FA	TOUCHETTE, ROBERT W 6032 FAIRWAY COURT NAPLES, FL 34110 US		
	named entity s of Florida.	submits this statement for the pu	urpose of changing	g its registe	red office or registered agent, or both,	
SIGNATURE: ROBERT W TOUCHETTE				01/05/2007		
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () TOUCHETTE, R 6032 FAIRWAY NAPLES, FL 34	COURT	Title: Name: Address: City-St-Zip	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () TOUCHETTE, D 7960 RESERVE NAPLES, FL 34	CIRCLE, #618	Title: Name: Address: City-St-Zip	28506 AL	(X) Change()Addition ITE, DEREK M ESSANDRIA CIRCLE SPRINGS, FL 34135	
Title: Name: Address: City-St-Zip:	S () TOUCHETTE, R 6032 FAIRWAY NAPLES, FL 34	COURT	Title: Name: Address: City-St-Zip	:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT W TOUCHETTE PRES 01/05/2007

() Delete

TOUCHETTE, LISA A

NAPLES, FL 34119

7960 PRESERVE CIR, #618

(X) Change () Addition

TOUCHETTE, LISA A

28506 ALESSANDRIA CIRCLE

BONITA SPRINGS, FL 34135