

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 025 ***150.00

DOCUMENT # P04000165882

1. Entity Name
SUNCOAST PREFERRED PROPERTIES, INC.



Principal Place of Business
**1705 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL 33703 US**

Mailing Address
**1705 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL 33703 US**

14011176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-2017998

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, MICHAEL
1705 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RICHARDS, MICHAEL**
STREET ADDRESS **1705 BAYOU GRANDE BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **P** ☐ Delete
NAME **RICHARDS, MICHAEL**
STREET ADDRESS **1705 BAYOU GRANDE BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **S** ☐ Delete
NAME **RICHARDS, MICHAEL**
STREET ADDRESS **1705 BAYOU GRANDE BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **T** ☐ Delete
NAME **RICHARDS, MICHAEL**
STREET ADDRESS **1705 BAYOU GRANDE BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE:

Michael Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL RICHARDS

Date

4/27/05

Daytime Phone #