2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000002792

1. Entity Name

SUNCOAST COMMERCIAL PROPERTIES, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

3001 EXECUTIVE DRIVE

SUITE 250

CLEARWATER, FL 33765

Malling Address

3001 EXECUTIVE DRIVE

SUITE 250

CLEARWATER, FL 33765



04152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2138172 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Status Desired Fee R

6. Name and Address of Current Registered Agent

APPELT, JAMES D D 1811 N BELCHER ROAD I-2 CLEARWATER, FL 33765

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the obligat	tions of registered agent.				•
SIGNATURE.	Signithurs, typed or printed name of registered agent and title	spokosbie. (NOTE: Registered Agent agnitus	a required when remaining)	DATE	- ,
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000742990 05/15/07~80091-012 150 A	מו
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPELT, JAMES D 1811 N BELCHER ROAD SUITE I-2 CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, ELLIOTT 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, SCOTT J 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33765		DO	NOT WRITE	
TITLE NAME STREET ADDRESS			IN 7	THIS SPACE	

\$. 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

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 repert or superignental 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 of the popular or true species or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching the properties of the properties of

SIGNATURE

CITY-ST-ZP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

727-725-230

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