

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 028 ***158.75

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1. Entity Name

SUNCOAST BUILDERS DEVELOPMENT, INC.



Principal Place of Business

602 FAYETTE DR S
SAFETY HARBOR FL 34695
US

Mailing Address

602 FAYETTE DR S
SAFETY HARBOR FL 34695
US



2. Principal Place of Business

1628 Osteen Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip Country

Passco

4. FEI Number

51-0534904

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

JONES, LOREN N II
602 FAYETTE DR S
SAFETY HARBOR FL 34695

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JONES, LOREN N II
STREET ADDRESS 602 FAYETTE DR S
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VP ☐ Delete
NAME JONES, BRENT C
STREET ADDRESS 2109 SHELBOURNE COURT
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE SECT ☐ Delete
NAME JONES, LINDA D
STREET ADDRESS 602 FAYETTE DR S
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

L. Noel Jones II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 25, 2006

727-840-3200

Date

Daytime Phone #