


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000012769**  
 1. Entity Name  
**SUNCOAST BUILDERS DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address  
**6628 OSTEEN RD      602 FAYETTE DR S**  
**NEW PORT RICHEY, FL      SAFETY HARBOR, FL 34695**      US      US

**DO NOT WRITE IN THIS SPACE**



03142007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>51-0534904</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**JONES, LOREN N II**  
**602 FAYETTE DR S**  
**SAFETY HARBOR, FL 34695**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000674981  
 03/23/07-80091-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, LOREN N II 602 FAYETTE DR S SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, BRENT C 2109 SHELBOURNE COURT WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT JONES, LINDA D 602 FAYETTE DR S SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:** *Loel Jones II*    **L. Noel Jones II**    *Mar. 14, 2007*    **727-849-9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #