


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90019 022 \*\*\*150.00

DOCUMENT # P05000019193		
1. Entity Name SUNCOAST YACHT SERVICE, INC.		

Principal Place of Business 9730 SAN VINCENTE WAY PORT RICHEY, FL 34668 US	Mailing Address 9730 SAN VINCENTE WAY PORT RICHEY, FL 34668 US
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2. Principal Place of Business - No P.O. Box # 2308 Watrous Drive	3. Mailing Address 2308 Watrous Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dunedin, FL	City & State Dunedin, FL	4. FEI Number 20-1751981	Applied For Not Applicable
Zip 34698	Country US	Zip 34698	Country US



01152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  BRANDENBURGH, TERRY G 9730 SAN VINCENTE WAY PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 2308 Watrous Drive  City Dunedin FL Zip Code 34698	
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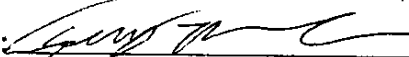
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDENBURGH, TERRY G 9730 SAN VINCENTE WAY PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2308 Watrous Drive Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1-29-08 727-647-2628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #