

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042714

FILED
Apr 04, 2007
Secretary of State

Entity Name: SUNCOAST ATHLETICS, INC.

Current Principal Place of Business:

8149 BRUMBY COURT
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

8149 BRUMBY COURT
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 42-1663331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISTON, SHERRA D PRESIDE
8149 BRUMBY CT
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRISTON, JIM
Address: 8149 BRUMBY COURT
City-St-Zip: TRINITY, FL 34655 US

Title: PRES () Delete
Name: KRISTON, SHERRA
Address: 8149 BRUMBY COURT
City-St-Zip: TRINITY, FL 34655 US

Title: D () Delete
Name: SWASS, KIM
Address: 2048 CROSS BREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: SWASS, PATTI
Address: 2048 CROSS BREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: D () Delete
Name: SIMMONS, J.D.
Address: 1013 DALESIDE LANE
City-St-Zip: TRINITY, FL 34655 US

Title: VP () Delete
Name: SIMMONS, VIKKI
Address: 1013 DALESIDE LANE
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRA KRISTON

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date