



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 048 \*\*\*150.00

<b>DOCUMENT # P05000104373</b> 1. Entity Name <b>SUNCOAST EXPRESS SERVICES, INC.</b>					
Principal Place of Business <b>15310 AMBERLY DR, SUITE 250 TAMPA, FL 33647</b>			Mailing Address <b>C/O TEMPLE H. DRUMMOND, ESQ. 6325 JACQUELINE ARBOR DR. TEMPLE TERRACE, FL 33617</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>328 West Bearss Avenue</b> Suite, Apt. #, etc.		40100703  	
City & State City <b>Tampa, Florida</b>		4. FEI Number <b>20-3221729</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33613</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DRUMMOND, TEMPLE H 6325 JACQUELINE ARBOR DR. TEMPLE TERRACE, FL 33617</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>328 West Bearss Avenue</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33613</b>	
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 <u>Temple H. Drummond, Temple H. Drummond</u> <u>7/21/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COSTELLO, DANIEL E</b> <b>15310 AMBERLY DR, SUITE 250</b> <b>TAMPA, FL 33647</b>	<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	D <b>HAGEN, MICHAEL G</b> <b>15310 AMBERLY DR, SUITE 250</b> <b>TAMPA, FL 33647</b>	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>James L. Child</b> <b>15310 Amberly Dr., Suite 250</b> <b>Tampa, FL 33647</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>James G. Norman</b> <b>15310 Amberly Dr., Suite 250</b> <b>Tampa, FL 33647</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: <u>Michael G. Hagen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/21/06</u> <u>813-514-2890</u> <small>Date Daytime Phone #</small>		