FILED
May 05, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000012211

1. Entity Name
SUNCOAST GLASS BLOCK CO.

Principal Place of Business	Mailing Address
19585 MIDWAY BLVD. PORT CHARLOTTE, FL 33952	19585 MIDWAY BLVD. PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4199712
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREIDENSTEIN, JOSEPH
19585 MIDWAY BLVD.
PORT CHARLOTTE, FL 33952

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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 _____ 000000949282
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/05/08 DATE 00021-025 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREIDENSTEIN, JOSEPH
STREET ADDRESS	19585 MIDWAY BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VPD
NAME	BREIDENSTEIN, PAUL C
STREET ADDRESS	19585 MIDWAY BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	TD
NAME	BREIDENSTEIN, PAUL H
STREET ADDRESS	19585 MIDWAY BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
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: X _____ 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #