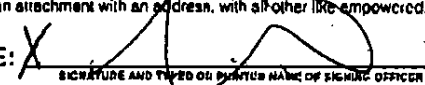


FILED
May 05, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000012211		
1. Entity Name SUNCOAST GLASS BLOCK CO.		
Principal Place of Business 19585 MIDWAY BLVD. PORT CHARLOTTE, FL 33952		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when resigning U000000949282 06/03/08 00021-025 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BREIDENSTEIN, JOSEPH 19585 MIDWAY BLVD. PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BREIDENSTEIN, PAUL C 19585 MIDWAY BLVD. PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BREIDENSTEIN, PAUL H 19585 MIDWAY BLVD. 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		
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: 		4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #