## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000047464

CONNOR, MATT

LAND O' LAKES, FL 34639

21539 VILLAGE LAKES SHOPPING CENTER

Name:

Address: City-St-Zip:

Entity Name: SUNCOAST BEEFS, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21539 VILLAGE LAKES SHOPPING CENTER LAND O' LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** 21539 VILLAGE LAKES SHOPPING CENTER LAND O' LAKES, FL 34639 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, W. CRAIG 4830 W. KENNEDY BLVD. SUITE 750 TAMPA, FL 33609 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SLOWEY, STEVE Name: Name: 21539 VILLAGE LAKES SHOPPING CENTER Address: Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BOLTON, NICOLE Name: 21539 VILLAGE LAKES SHOPPING CENTER Address: Address: LAND O' LAKES, FL 34639 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE SLOWEY PRES 04/30/2007