

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047464

Entity Name: SUNCOAST BEEFS, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

21539 VILLAGE LAKES SHOPPING CENTER  
LAND O' LAKES, FL 34639

## New Principal Place of Business:

13936 JACOBSON DRIVE  
ODESSA, FL 33556

## Current Mailing Address:

21539 VILLAGE LAKES SHOPPING CENTER  
LAND O' LAKES, FL 34639

## New Mailing Address:

13936 JACOBSON DRIVE  
ODESSA, FL 33556

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, W. CRAIG  
4830 W. KENNEDY BLVD.  
SUITE 750  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

CONNOR, MATTHEW  
13936 JACOBSON DRIVE  
ODESSA, FL 33556 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: MATTHEW CONNOR

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: SLOWEY, STEVE  
Address: 21539 VILLAGE LAKES SHOPPING CENTER  
City-St-Zip: LAND O' LAKES, FL 34639

Title: S,D ( ) Delete  
Name: BOLTON, NICOLE  
Address: 21539 VILLAGE LAKES SHOPPING CENTER  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D (X) Delete  
Name: CONNOR, MATT  
Address: 21539 VILLAGE LAKES SHOPPING CENTER  
City-St-Zip: LAND O' LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SLOWEY, STEVE  
Address: 21539 VILLAGE LAKES SHOPPING CENTER  
City-St-Zip: LAND O' LAKES, FL 34639

Title: VP (X) Change ( ) Addition  
Name: CONNOR, MATTHEW R  
Address: 13936 JACOBSON DRIVE  
City-St-Zip: ODESSA, FL 33556

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

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.

SIGNATURE: MATTHEW CONNOR

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date