

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000081623

1. Entity Name
SUNCOAST RESTORATION & CONSULTING, INC.



Principal Place of Business
**6399 JACKIE LYNN CT.
SARASOTA, FL 34241**

Mailing Address
**6399 JACKIE LYNN CT.
SARASOTA, FL 34241**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5612646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANIK, HOWARD W
6399 JACKIE LYNN COURT
SARASOTA, FL 34241**

**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 reinstating)

DATE _____

**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 Fees**

**000000826734
02/21/08-80061-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVC
NAME	VANIK, HOWARD W
STREET ADDRESS	6399 JACKIE LYNN CT
CITY- ST- ZIP	SARASOTA, FL 34241
TITLE	ST
NAME	VANIK, MARY
STREET ADDRESS	6399 JACKIE LYNN CT
CITY- ST- ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Howard W Vanik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

941-374-1409

Daytime Phone #