

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 007 ***150.00

DOCUMENT # P06000090056 1. Entity Name SUNCOAST STORM DEPOT, INC.			
Principal Place of Business 1802 NORTH BELCHER ROAD SUITE 120 CLEARWATER, FL 33767		Mailing Address 1802 NORTH BELCHER ROAD SUITE 120 CLEARWATER, FL 33767	
2. Principal Place of Business - No P.O. Box # 6154 126th Ave N Suite, Apt. #, etc. Sle A City & State Largo, FL Zip 33773 Country U.S.		3. Mailing Address 6154 126th Ave N Suite, Apt. #, etc. Sle A City & State Largo, FL Zip 33773 Country U.S.	
4. FEI Number 20-5162556		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAZZARD, DAVID 1802 N BELCHER RD #120 CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HAZZARD, DAVID STREET ADDRESS 1802 NORTH BELCHER RD., SUITE 120 CITY-ST-ZIP CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 3/28/08 727-531-9010 </div> <small>Date Daytime Phone #</small>	