2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124570

Entity Name: SUNCOAST REPAIRS OF SW FLORIDA, INC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19581 PALM BEACH BLVD ALVA, FL 33920 **Current Mailing Address: New Mailing Address:** 19581 PALM BEACH BLVD ALVA, FL 33920 FEI Number: 20-5564488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWAN, LAWRENCE SWAN, LAWRENCE 1749 NE 10TH TERRACE, UNIT 4 709 CÁPE CORAL PARKWAY WEST CAPE CORAL, FL 33909 CAPE CORAL, FL 33914 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: LAWRENCE SWAN 01/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LALOR JR, THOMAS M Name: Name: 19581 PALM BEACH BLVD Address: Address: City-St-Zip: ALVA, FL 33920 City-St-Zip: Title: VST Title: () Change () Addition () Delete Name: LALOR JR. THOMAS M Name: 19581 PALM BEACH BLVD Address: Address: ALVA, FL 33920 City-St-Zip: 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: THOMAS LAYLOR 01/14/2009 D