

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060582

FILED
Mar 16, 2009
Secretary of State

Entity Name: SUNCOAST POWER TOOL REPAIR, INC.

Current Principal Place of Business:

14606 MARINA DR
HUDSON, FL 34667 US

New Principal Place of Business:

9703 AMILIA DRIVE SUITE 1
HUDSON, FL 34667 US

Current Mailing Address:

18163 WINDING OAKS BLVD
HUDSON, FL 34667 US

New Mailing Address:

9703 AMILIA DRIVE SUITE 1
HUDSON, FL 34667 US

FEI Number: 26-0214653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISENER, JAMES
18163 WINDING OAKS BLVD
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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:

Title: PVST () Delete
Name: RISENER, JAMES
Address: 18163 WINDING OAKS BLVD
City-St-Zip: HUDSON, FL 34667 US

Title: D () Delete
Name: RISENER, JAMES
Address: 18163 WINDING OAKS BLVD
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES RISENER

PVST

03/16/2009

Electronic Signature of Signing Officer or Director

Date