

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064529

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: SUNCOAST CAPITAL SERVICES, INC.

**Current Principal Place of Business:**

13902 NORTH DALE MABRY HIGHWAY  
SUITE 216  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

13902 NORTH DALE MABRY HIGHWAY  
SUITE 216  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 26-0271871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLTZAPPLE, MICHAEL L  
13902 NORTH DALE MABRY HIGHWAY  
SUITE 216  
TAMPA, FL 33618 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: PD ( ) Delete  
Name: HOLTZAPPLE, MICHAEL L  
Address: 13902 NORTH DALE MABRY HIGHWAY, SUITE 216  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: KRUSEN, WILLIAM A SR.  
Address: 712 SOUTH OREGON AVENUE, SUITE 200  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: KRUSEN, WILLIAM A SR.  
Address: 1414 W. SWANN AVE  
City-St-Zip: TAMPA, FL 33606

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: MICHAEL L. HOLTZAPPLE

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04/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date