

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072977

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: SUNCOAST CONSTRUCTION OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

1620 S CLYDE MORRIS BLVD  
SUITE 110  
DAYTONA BEACH, FL 32119

## New Principal Place of Business:

600 OAK STREET  
BUILDING 1A  
PORT ORANGE, FL 32127

## Current Mailing Address:

1620 S CLYDE MORRIS BLVD  
SUITE 110  
DAYTONA BEACH, FL 32119

## New Mailing Address:

600 OAK STREET  
BUILDING 1A  
PORT ORANGE, FL 32127

FEI Number: 26-0433452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, MICHAEL  
1620 S CLYDE MORRIS BLVD  
SUITE 110  
DAYTONA BEACH, FL 32119 US

## Name and Address of New Registered Agent:

THOMAS, MICHAEL  
600 OAK STREET  
BUILDING 1A  
PORT ORANGE, FL 32127 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: MICHAEL THOMAS

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STANCO, VICTOR  
Address: 1620 S CLYDE MORRIS BLVD SUITE 110  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP ( ) Delete  
Name: THOMAS, MICHAEL  
Address: 2090 S. NOVA ROAD  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: S (X) Delete  
Name: THOMAS, MECHILLE  
Address: 1620 S CLYDE MORRIS BLVD SUITE 110  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: T (X) Delete  
Name: STANCO, TAMMY  
Address: 1620 S CLYDE MORRIS BLVD SUITE 110  
City-St-Zip: DAYTONA BEACH, FL 32119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: THOMAS, MICHAEL W  
Address: 600 OAK STREET BUILDING 1A  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change ( ) Addition  
Name: THOMAS, MECHILLE  
Address: 600 OAK STREET BUILDING 1A  
City-St-Zip: PORT ORANGE, FL 32127

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: MICHAEL THOMAS

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date