

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084941

FILED
Feb 11, 2009
Secretary of State

Entity Name: SUNCOAST MOBILE HOME SALES, INC.

Current Principal Place of Business:

3797 S. MCCALL ACCESS ROAD
EAST ENGLEWOOD, FL 34224

New Principal Place of Business:

3797 S. MCCALL ACCESS ROAD
2
ENGLEWOOD, FL 34224

Current Mailing Address:

3797 S. MCCALL ACCESS ROAD
EAST ENGLEWOOD, FL 34224

New Mailing Address:

3797 S. MCCALL ACCESS ROAD
2
ENGLEWOOD, FL 34224

FEI Number: 80-0261070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICCIRELLI, BARBARA
3797 S. MCCALL ACCESS ROAD
EAST ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

PICCIRELLI, BARBARA
3797 S. MCCALL ACCESS ROAD
2
EAST ENGLEWOOD, FL 34224 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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PICCIRELLI, BARBARA
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SEC () Delete
Name: WALDIE, HARRY L
Address: 3797 S. MCCALL ACCESS ROAD
City-St-Zip: EAST ENGLEWOOD, FL 34224

Title: TREA () Delete
Name: PICCIRELLI, BARBARA
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PICCIRELLI, BARBARA
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V (X) Change () Addition
Name: PICCIRELLI, BARBARA M
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S (X) Change () Addition
Name: PICCIRELLI, BARBARA
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Change (X) Addition
Name: PICCIRELLI, BARBARA M
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DIR () Change (X) Addition
Name: PICCIRELLI, BARBARA M
Address: 18502 BRIGGS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: BARBARA M PICCIRELLI

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date