2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P25219

Entity Name: SUN COAST SOFTWORKS, INC.

Current Principal Place of Business:

1814 ARBOR DRIVE S
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

PO BOX 1992
PALM HARBOUR, FL 34682

New Mailing Address:

PO BOX 1992
PALM HARBOR, FL 34682

FEI Number: 52-1632002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILKES, RACHEL
1814 ARBOR DRIVE SOUTH
PALM HARBOR, FL 34683

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: PVD ( ) Delete
Name: JOHNSON, I. BARBARA
Address: 104 CROSSING WAY
City-St-Zip: FOLSOM, CA 95630

Title: D ( ) Delete
Name: JOHNSON, CHRISTOPHER
Address: 104 CROSSING WAY
City-St-Zip: FOLSOM, CA 95630

Title: ST ( ) Delete
Name: DILKES, RACHEL
Address: 1814 ARBOR DRIVE S
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Delete
Name: JOHNSON, ROBERT D.,
Address: 1742 INDEPENDENCE AVE.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: JOHNSON, I. BARBARA
Address: 104 CROSSING WAY
City-St-Zip: FOLSOM, CA 95630

Title: PD (X) Change ( ) Addition
Name: JOHNSON, CHRISTOPHER
Address: 104 CROSSING WAY
City-St-Zip: FOLSOM, CA 95630

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER D. JOHNSON P 04/30/2004
Electronic Signature of Signing Officer or Director Date