## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 08:00 AM Secretary of State

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1. Entity Name

SUN COAST COMMUNICATION SERVICES, INC.



Principal Place of Business

Mailing Address

8160-1 BROOKS DRIVE JACKSONVILLE, FL 32244

DO NOT WRITE IN THIS SPACE

8160-1 BROOKS DR

JACKSONVILLE, FL 32244

211



04052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3153815 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, JAMES C 8160-1 BROOKS DR JACKSONVILLE, FL 32244

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		158.75				
10,	OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAM, JAMES C 8160-1 BROOKS DR JACKSONVILLE, FL 32244									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHEATHAM, LEE S 8160-1 BROOKS DRIVE JACKSONVILLE, FL									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same lengt effect as if made under oath, that I am an officer or director.										

72. Increasy certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

904-591-148

Date

Daytime Phone #