

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90033 047 \*\*\*150.00

**DOCUMENT # P93000047792**

1. Entity Name  
**SUN COAST MARKETING CONSULTANTS, INC.**



Principal Place of Business  
**7301 SUGAR BUSH DR  
SPRING HILL, FL 34606 US**

Mailing Address  
**7301 SUGAR BUSH DR  
SPRING HILL, FL 34606 US**

2. Principal Place of Business  
**18100 Baywood Forest DR**  
Suite, Apt. #, etc. **J**

3. Mailing Address  
**113 RAINBOW DR.**  
Suite, Apt. #, etc. **# 1312**



01122006 Chg-P CR2E034 (11/05)

City & State  
**HUDSON, FL**  
Zip **34667** Country **USA**

City & State  
**LIVINGSTON, TX**  
Zip **77399** Country **USA**

4. FEI Number  
**59-3192607**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEIMANN, HARVEY W  
7301 SUGAR BUSH DR  
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**18100 BAYWOOD FOREST DR**  
City **HUDSON** FL Zip Code **34667**

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 **Harvey W. Heimann**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Jan. 18, 2006**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HEIMANN, HARVEY W	
STREET ADDRESS	7301 SUGAR BUSH DR	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEIMANN, JEAN M	
STREET ADDRESS	7301 SUGAR BUSH DR	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>18100 BAYWOOD Forest DR.</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>18100 Baywood Forest Dr.</b>	
CITY-ST-ZIP	<b>Hudson, FL 34667</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Harvey W. Heimann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 18, 2006** **727 480 1665**  
Date Daytime Phone #