## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057877

Entity Name: SUNCOAST BLACKTOP, INC.

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5794 NW DUBLIN DRIVE 9612 NW 81ST MANOR PORT ST. LUCIE, FL 34986 US TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

5794 NW DUBLIN DRIVE 9612 NW 81ST MANOR PORT ST. LUCIE, FL 34986 US TAMARAC, FL 33321 US

FEI Number: 65-0434242 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, SUSANNE M
5794 NW DUBLIN DRIVE
PORT ST. LUCIE, FL 34986 US
JONES, SUSANNE M
9612 NW 81ST MANOR
TAMARAC, FL 33321 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: SUSANNE M JONES 04/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 JONES, SUSANNE M
 Name:
 JONES, SUSANNE M

 Address:
 5794 NW DUBLIN DRIVE
 Address:
 9612 NW 81ST MANOR

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:
 TAMARAC, FL 33321

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: SUSANNE M JONES PRES 04/05/2009

Electronic Signature of Signing Officer or Director

Date