

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000013035**

1. Entity Name  
**SUNCOAST ENVIRONMENTAL INTERNATIONAL, INC.**



Principal Place of Business  
**8317 FRONT BEACH RD.  
SUITE 34D  
PANAMA CITY BEACH, FL 32407**

Mailing Address  
**8317 FRONT BEACH RD.  
SUITE 34D  
PANAMA CITY BEACH, FL 32407**

**FILED**

**2004 JUN 11 PM 2:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



06082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3222386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCNEIL, RONALD A  
13 NORRIEGO RD  
DESTIN, FL 32541**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCNEIL, RONALD A. 13 NORRIEGO DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, KATHY 222 WOODLAWN DR PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**600037949916  
06/15/04--01015--024 \*\*550.00**

**DO NOT WRITE  
IN THIS SPACE**

*VW  
6/11*

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/8/04*

Date

Daytime Phone #

*850-249-0784*