

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90011 023 ***150.00

DOCUMENT # P94000015769

1. Entity Name

SUNCOAST FILTERS, INC.



Principal Place of Business

1683 EAGLE NEST CT.
SARASOTA FL 34232-3067
US

Mailing Address

P.O. BOX 5971
SARASOTA FL 34277-5971
US

00002434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0473322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL L. PREWITT
5777 BENEVA ROAD S.
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

ELIZABETH GEORGIE

Street Address (P.O. Box Number is Not Acceptable)

4942 THREE OAKS BLVD

City

SARASOTA

FL

Zip Code

34233

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]

Signature typed or printed name of registered agent and title (if applicable)

(If/ORE Registered Agent signature required when reappointing)

3-11-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME HUSTON, RONALD
STREET ADDRESS 1683 EAGLE NEST COURT
CITY-ST-ZIP SARASOTA FL 34232-3067

TITLE VPS ☐ Delete
NAME HUSTON, PAULA M
STREET ADDRESS 1683 EAGLE NEST COURT
CITY-ST-ZIP SARASOTA FL 34232-3067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Section 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 empowerments.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

941-927-8208

Daytime Phone #