

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90187 003 ***150.00

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1. Entity Name
SUNCOAST SECURITY SCREENS, INC.



Principal Place of Business
6709 114TH AVE N
LARGO, FL 33773

Mailing Address
6709 114TH AVE N
LARGO, FL 34643

00460100



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3238171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKETT, JAMES
~~6709 114TH AVE N~~
~~LARGO, FL 33773~~

*11337 Starkey Rd. Unit F2
Largo, FL 33773*

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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 reappointing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURKETT, JAMES H.
STREET ADDRESS	6709 114TH AVE N <i>11337 Starkey Rd F2</i>
CITY-ST-ZIP	LARGO, FL 33773 <i>Largo, FL 33773</i>
TITLE	D
NAME	ZOET, JASON C
STREET ADDRESS	6709 114TH AVE N <i>11337 Starkey Rd F2</i>
CITY-ST-ZIP	LARGO, FL 33773 <i>Largo, FL 33773</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

James H Burkett

5/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Daytime Phone #