2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073565

HALL, ROBERT W

6177 SHORELINE CIRCLE, NORTH

PORT ORANGE, FL 32127

Name:

Address: City-St-Zip:

Entity Name: SUNCOAST PLUMBING & SUPPLY, INC.

FILED Feb 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6177 SHORELINE CIRCLE, NORTH PORT ORANGE, FL 32127 **Current Mailing Address: New Mailing Address:** % BRENDA S. HALL 6177 SHORELINE CIRCLE N. PORT ORANGE, FL 32127 FEI Number: 59-3280409 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: HALL, BRENDA S 6177 SHORELINE CIRCLE N. PORT ORANGE, FL 32127 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HALL, BRENDA S Name: Name: 6177 SHORELINE CIR. N. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HALL, JOHN R Name: 6177 SHORELINE CIR. N. Address: Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA S. HALL PST 02/25/2006