

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 019 ***150.00

DOCUMENT # P94000088255	
1. Entity Name SUNCOAST CITRUS, INC.	

Principal Place of Business 1095 A US 92 W AUBURDALE, FL 33823	Mailing Address P O BOX 707 SAN ANTONIO, FL 33576-0707 US
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900100 -



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287528	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEEK, WILLIAM 12843 HAPPY HILL RD DADE CITY, FL 33525 <i>MAIL TO: P.O. Box 707 SAN ANTONIO, FL 33576-0707 US</i>
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**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 William Feek *January 28, 2007*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	TD FEEK, WILLIAM 1095 A US 92 W AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, ALISA F 1095 A US 92 W AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FEEK, WILLIAM 1095 A US 92 W AUBURDALE, FL 33823
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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 exemptions contained 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 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: William Feek *January 28, 2007* 863-667-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #