2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P95000029238 1. Entity Name SUNCOAST BEVERAGE INC.				Secretary of State 04-18-2005 90270 012 ***150.00	
Principal Plac	o of Rusings	Mailing Address		- 	
í	TRO AVE-SE	PO BOX 100691			
PALM BAY		PALM BAY FL 32910-0	691	1294791 18 1010 Fixed Blank Blank Blank Blank Fixed Blank 1810 Fixed Blank 1810 Fixed Blank	1
	Place of Business GUAVA A	3. Mailing Address			1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State	urw 71	City & State		4. FÉI Number 59-3306690 Applied F	
Z2053	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
1 2 1 3	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
	Hame and requires of our	indicate on Udbill	Name	and realisse of these tredistered Wallit	
	ST, GARRET	A	Street Address	s (P.O. Box Number is Not Acceptable)	
	DECASTRO AVE SE, M. BAY FL 32909	1552 Grava A Melbourne 7	Olicet Address	5 (1.0. DOX 14011Del 13 140t Acceptable)	
		Melbourne 7	1-		
	, •	32935	City	FL Zip Code	
	named entity submits this statemetions of registered agent.	ent for the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE .	Signature, typed or printed name of registered	agent and title it applicable (NOTE	Registered Agent signature requi	ered when reinstaling) CATE	-
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$55 (Payable to Florida Departme	0.00	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing Trust Fund Contribution. Added to Fe	•
10.	OFFICERS /	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO	☐ Delete	TITLE	☐ Change ☐ Ad	dition
NAME STREET ADDRESS	HOLST, GARRET 300 DECASTRA AVE SE		NAME STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ad	idition
NAME			NAME		
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CITY-ST-ZIP		<u> </u>	CHY-ST-ZIP	C 01	
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THILE		☐ Delete	TITLE	☐ Change ☐ Ad	dition
NAME		☐ Delete	NAME	☐ Change ☐ Ad	dition
	,	☐ Delete	■ i	☐ Change ☐ Ad	dition

12. 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

April 11,05

3215361349

Daytme Phone #