

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90103 045 ***150.00

DOCUMENT # P95000053094

1. Entity Name

SUNCOAST DEVELOPMENT SERVICES, INC.



Principal Place of Business

19500 PEACHLAND BLVD
BUILDING B
PORT CHARLOTTE FL 33948
US

Mailing Address

P.O. BOX 380994
MURDOCK FL 33938
US

2. Principal Place of Business
1001 Bloxham Ave.

3. Mailing Address

P.O. Box 380994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda FL 33950

City & State

MURDOCK FL

4. FEI Number

65-0600771

Applied For

Not Applicable

Zip
33950

Country

Zip

33938

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, MACK R JR.
324 SUNRISE DR.
NOKOMIS FL 34275

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WILCOX, MACK R JR.
STREET ADDRESS 324 SUNRISE DR.
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE D ☐ Delete
NAME SCOTT, WILLIAM P
STREET ADDRESS 23463 WESTCHESTER BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Change ☐ Addition
NAME Scott, William P.
STREET ADDRESS 113 Northshore Terrace
CITY-ST-ZIP Port Charlotte, FL 33980

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 an officer like empowered.

SIGNATURE:

William P. Scott

William P. Scott

4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 505-0444

Daytime Phone #