2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092076

1. Entity Name

SUNCOAST COMMUNICATION OF THE TREASURE COAST, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

723 SW KEATS AVE PALM CITY, FL 34990 Mailing Address

723 SW KEATS AVE PALM CITY, FL 34990



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01262007	No Chg-P	CR2E034 (11/05)	

4. FEI Number			Applied For	
65-0633438			Not Applicable	
5. Certificate of Status Desired		\$8.75	Additional	

6. Name and Address of Current Registered Agent

YOUNG, WILLIAM T 723.SW KEATS AVE PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature recuired when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE D NAME YOUNG, WILLIAM T STREET ADDRESS 723 SW KEATS AVE CITY-SI-ZIP PALM CITY, FL 34990 LITLE NAME NAME	The above named entity submits to the obligations of registered agen	this statement for the purpose of changi nt.	ng its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar v	vith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TIILE D NAME YOUNG, WILLIAM T 723 SW KEATS AVE CITY-SI-ZIP PALM CITY, FL 34990 IIILE		ne ol registered agent and little if applicable	(NOTE: Registered Agent signatur	e required when reinstating)	U0000061 795 0	
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NAME STREET ADDRESS 723 SW KEATS AVE CITY-S1-ZIP PALM CITY, FL 34990 TITLE		OFFICERS AND DIRECTORS			<u> </u>	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP 12 hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information.	NAME STREET ADDRESS CITY-ST-ZIP					

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: Was

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

182107

(772)260-884S