02/23/2004 11:13 8139840559 USACCOUNTI

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90096 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

44029328

02232004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000071294

1. Entity Name
SUNCOAST MAINTENANCE MANAGEMENT CO.

Principal Place of Business	Mailing Address
2441 SADDLEWOOD LANE PALM HARBOR, FL 34685 US	2441 SADDLEWOOD LANE PALM HARBOR, FL 34685 US

2. Principal Place of Business	3. Mailing Address
30 SUNRISE COURT	30 SUNRISE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAFETY HARBOR, FL.	City & State: SAFETY HARBOR, FL.
Zip: 34695 Country: PINELLAS	Zip: 34695 Country: PINELLAS

4. FEI Number: 59-3398248 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NYHUS, RUDELL
2441 SADDLEWOOD LANE
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D NYHUS, RUDELL 2441 SADDLEWOOD LANE PALM HARBOR, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: RUDELL NYHUS 4.2.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #