

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2007 90004 023 ***150.00

DOCUMENT # P96000100112

1. Entity Name
SAL OF THE SUNCOAST, INC.



Principal Place of Business
**150 S SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**150 S SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3415248

Applied For
Not Applicable

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

**STITZEL, JOHN JR
150 S. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429**

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, 2007 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
**P
LUNDSFORD, WILLIAM F
P.O. BOX 517 N/A
EATON PARK, FL 33840** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
STITZEL JR, JOHN T
150 S SUNCOAST BLVD
CRYSTAL RIVER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
STITZEL JR, JOHN T.
150 S SUNCOAST Blvd
CRYSTAL RIVER, FLA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LUNSFORD, FAYE
P.O. BOX 517 N/A
EATON PARK, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LUNSFORD, FAYE
226 SE 2ND PLACE
CRYSTAL RIVER, FLA 34429** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STITZEL, SHERRI A
150 S SUNCOAST BLVD
CRYSTAL RIVER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S/T
Stitzel, Sherrri A
150 S SUNCOAST BLVD
CRYSTAL RIVER, FLA** ☒ 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 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:

Sherrri A Stitzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherrri A. Stitzel 3/5/07 (352) 795-5346
Typed Name Daytime Phone #