


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

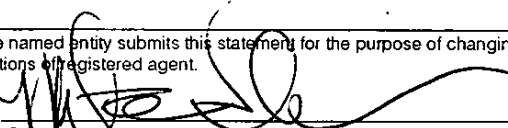
05-04-2005 90102 004 ***150.00

DOCUMENT # P97000038410			
1. Entity Name SUNCOAST R.V. & MARINE, INC.			
Principal Place of Business 16115 SAN CARLOS BLVD. FORT MYERS FL 33908		Mailing Address 16115 SAN CARLOS BLVD. FORT MYERS FL 33908	
2. Principal Place of Business 16171 San Carlos Blvd.		3. Mailing Address 16171 San Carlos Blvd.	
Suite, Apt. #, etc. Unit #1		Suite, Apt. #, etc. Unit #1	
City & State Fort Myers, Fla.		City & State Fort Myers, Fla.	
Zip 33908	Country USA	Zip 33908	Country USA

14016197



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent ILER, MICHAEL R 16115 SAN CARLOS BLVD. FORT MYERS FL 33908		7. Name and Address of New Registered Agent Name Iler, Michael R. Street Address (P.O. Box Number is Not Acceptable) 16171 San Carlos Blvd. City Fort Myers, FL Zip Code 33908	
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  Pres. 04/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			

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 NAME STREET ADDRESS CITY-ST-ZIP	PT ILER, MICHAEL R 16115 SAN CARLOS BLVD. FORT MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Tres. Michael R. Iler 16171 San Carlos Blvd. Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ILER-LANGE, CYNTHIA 1521 BRIARSON DRIVE SAGINAW MI 48603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILER-CADY, SHERYL 2547 TULIP STREET SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Pres. 04/29/05 (239) 454-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #