

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000063669

1. Entity Name  
SUNCOAST REDEVELOPMENT, INC.



Principal Place of Business  
5514 PARK BOULEVARD  
PINELLAS PARK, FL 33781

Mailing Address  
5514 PARK BOULEVARD  
PINELLAS PARK, FL 33781



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3526854

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ASHLEY, DALE W  
5514 PARK BOULEVARD  
PINELLAS PARK, FL 33781

DO NOT WRITE  
IN THIS SPACE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000129329  
04/26/04-80073-024 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASHLEY, DALE W  
5514 PARK BOULEVARD  
PINELLAS PARK, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GAGE, C. VERNON  
6676 1/2 114TH AVENUE  
LARGO, FL 33773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRODERICK, ROGER B  
5514 PARK BOULEVARD  
PINELLAS PARK, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

Daytime Phone #

727-544-1403