

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90050 034 ***150.00

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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**

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

3. Mailing Address

4000000000



01042008 Chg-P CR2E034 (12/06)

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

**BRODERICK, ROGER B
5514 PARK BOULEVARD
PINELLAS PARK, FL 33781**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ASHLEY, DALE W**
STREET ADDRESS **PO BOX 996**
CITY- ST- ZIP **SAINT PETERSBURG, FL 33731**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 empowerments.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

727-544-1403
Days this Period