

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088606

FILED
Apr 26, 2004
Secretary of State

Entity Name: SUNCOAST BAY PROPERTIES, INC.

Current Principal Place of Business:

1173 GLENMOOR CT.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

SUNCOAST BAY PROPERTIES
P.O. BOX 1773
PALM HARBOR, FL 346821773

New Mailing Address:

FEI Number: 59-3476714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, JAMES T
1173 GLENMOOR CT.
CLEARWATER, FL 33764

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPENCER, JAMES T
Address: 1173 GLENMOOR CT.
City-St-Zip: CLEARWATER, FL 33764

Title: V () Delete
Name: JACKSON, LARRY A
Address: 2371 GROVE RIDGE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: JACKSON, JILL
Address: 2371 GROVE RIDGE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SPENCER, JOANN
Address: 316 SIGNATURE TERR
City-St-Zip: SAFETY HARBOR, FL 346955436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL JACKSON

S

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date