

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 030 ***150.00

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1. Entity Name
SUNCOAST INSURANCE AGENCY, INC.



40019345

Principal Place of Business
**507-B ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411**

Mailing Address
**507-B ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business - No P.O. Box #
675 Royal Palm Beach Blvd #105
Suite, Apt. #, etc.
Royal Palm Beach, FL
City & State

3. Mailing Address
675 Royal Palm Beach Blvd #105
Suite, Apt. #, etc.
Royal Palm Beach, FL
City & State



02042007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0807204

Applied For
☐ Not Applicable

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

Zip
33411

Country

6. Name and Address of Current Registered Agent

**PETIT, EMMANUEL
507-B ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411**

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 _____ (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

TITLE **D** ☐ Delete
NAME **PETIT, EMMANUEL**
STREET ADDRESS **507-B ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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 **675 Royal Palm Beach Blvd #105**
STREET ADDRESS **Royal Palm Beach, FL 33411**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07 561-753-8100
Date Daytime Phone #