

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91212 038 ***150.00

DOCUMENT # P98000022086 1. Entity Name SUNCOAST DATA SUPPLY, INC.																													
Principal Place of Business 6012 SEMINOLE BLVD. SEMINOLE, FL 33772 US			Mailing Address 6012 SEMINOLE BLVD. SEMINOLE, FL 33772 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 59-3500641				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BERNARDI, RALPH 11615 82ND TERRACE NORTH SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name BERNARDI, RALPH Street Address (P.O. Box Number is Not Acceptable) 119 LINDA DRIVE City Seminole FL Zip Code 33772																										
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 <u><i>Ralph Bernardi</i></u> DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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SIGNATURE:

Ralph Bernardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (727)399-1724

Date

Daytime Phone #

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.