

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90534 048 ***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 10920 FREEDOM BLVD. Suite, Apt. #, etc.		3. Mailing Address 10920 FREEDOM BLVD. Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">50046202</div>	
City & State SEMINOLE, FL.		City & State SEMINOLE, FL.		4. FEI Number NOT APPLICABLE	
Zip 33772		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARDI, RALPH 119 LINDA DR. SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name BERNARDI Street Address (P.O. Box Number is Not Acceptable) 10920 FREEDOM BLVD. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARDI, RALPH 119 LINDA DR. SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNARDI, RALPH 10920 FREEDOM BLVD. SEMINOLE FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ralph Bernardi</u>			4/29/05 (727) 399-1724		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		