

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 Mailing Address

6012 SEMINOLE BLVD. **6012 SEMINOLE BLVD.**
SEMINOLE, FL 33772 US **SEMINOLE, FL 33772 US**

2. Principal Place of Business 3. Mailing Address

10920 FREEDOM BLVD. **10920 FREEDOM BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SEMINOLE, FL. **SEMINOLE, FL.**

Zip Country Zip Country

33772 **Pinellas** **33772** **PINELLAS**

50046202



04272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BERNARDI, RALPH
119 LINDA DR.
SEMINOLE, FL 33772

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, RALPH	NAME	BERNARDI, RALPH
STREET ADDRESS	119 LINDA DR.	STREET ADDRESS	10920 FREEDOM BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ralph Bernardi 4/29/05 (727) 399-1724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #