


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90198 020 ***150.00

DOCUMENT # P98000031225
 1. Entity Name
SUNCOAST BANCORP, INC.



Principal Place of Business
 8592 POTTER PARK DR
 STE 200
 SARASOTA, FL 34238 US

Mailing Address
 8592 POTTER PARK DR
 STE 200
 SARASOTA, FL 34238 US

60030407



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
65-0827141

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

STAFFORD, JOHN T
 8592 POTTER PARK DR
 STE 200
 SARASOTA, FL 34238

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFORD, JOHN T 8592 POTTER PARK DR STE 200 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carry Berberich <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8206 Quail Creeks Terrace Bradenton FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GNERRE, WILLIAM F 511 W LAKE DR SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Stanley Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1735 Landings way Sarasota FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKS, JOHN S 416 PARK TRACE BLVD OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Yahrays <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4057 Redbird Circle Sarasota FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, HENRY DR 7561 FAIRWAY WOODS SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTHY, H R 7200 CHAMELEON WAY SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, JAMES C 711 MANGROVE PT RD SARASOTA, FL 34242 <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 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: John Wilks **4-26-06** **941-744-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #