

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 028 ***150.00

DOCUMENT # P98000084846

1. Entity Name
SUNCOAST STRUCTURAL ENGINEERING, INC.



Principal Place of Business

**2340 VIOLET PLACE
PALM HARBOR, FL 34685**

Mailing Address

**2340 VIOLET PLACE
PALM HARBOR, FL 34685**

50013162



2. Principal Place of Business

36181 EAST LAKE RD, #258

3. Mailing Address

36181 EAST LAKE RD, #258

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012006

Chg-P

CR2E034 (11/05)

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3539919

Applied For

Not Applicable

Zip

34685

Country

Zip

34685

Country

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

**WOODARD, WILLIAM
5400 BELLVIEW AVENUE
NEW PORT RICHEY, FL 34652**

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
**VST
WOODARD, WILLIAM
5400 BELLVIEW AVENUE
NEW PORT RICHEY, FL 34652** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BRUSESKI, WENDY G
2340 VIOLET PLACE
PALM HARBOR, FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2864 WATERS EDGE ROAD
PALM HARBOR, FL 34685** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: X

Wendy G. Brueski WENDY G. BRUESKI

x 4/7/06

Date

Daytime Phone #