


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90044 036 \*\*\*150.00

**DOCUMENT # P98000092346**

1. Entity Name  
**SUNCOAST REPORTING SERVICES, INC.**



Principal Place of Business      Mailing Address  
**700 CENTRAL AVE.**      **700 CENTRAL AVE.**  
**STE 404**      **STE 404**  
**SAINT PETERSBURG FL 33701**      **SAINT PETERSBURG FL 33701**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3544982**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HYLAND, VIRGINIA**  
**700 CENTRAL AVENUE**  
**SUITE 404**  
**ST PETERSBURG FL 33701**

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 *Virginia L. Hyland* (*VIRGINIA L. HYLAND*)      *4/20/04*  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYLAND, VIRGINIA 125 78TH AVENUE NORTHEAST SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, KELLY F 700 CENTRAL AVE. SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, RICHARD 700 CENTRAL AVE. SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLEY, BOBBIE J 700 CENTRAL AVE. SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia Hyland 125 - 78th Avenue Northeast St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Devin K. Hyland 2212 Spanish Vistas Drive Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Hyland 125 - 78th Avenue Northeast St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Virginia L. Hyland*      *4/20/04 (727)823-1876*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



MOORE CR2E034 (11/03)