


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90328 030 \*\*\*150.00

<b>DOCUMENT # P98000092346</b> 1. Entity Name SUNCOAST REPORTING SERVICES, INC.	
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Principal Place of Business 700 CENTRAL AVE. STE 404 SAINT PETERSBURG, FL 33701	Mailing Address 700 CENTRAL AVE. STE 404 SAINT PETERSBURG, FL 33701
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50039621



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3544982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYLAND, VIRGINIA  
700 CENTRAL AVENUE  
SUITE 404  
ST PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYLAND, VIRGINIA 125 78TH AVENUE NORTHEAST SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYLAND, VIRGINIA 125 78TH AVE NORTHEAST SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYLAND, DEVINK 2212 SPANISH VISTAS DRIVE DUNEDIN, FL 34608 <i>GREGORY D. FAGIOLI 748 CORAL REEF DRIVE TAMPA, FL 33602</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYLAND, CHRISTOPHER 125 78TH AVE NORTHEAST SAINT PETERSBURG, FL 33702 <i>GREGORY D. FAGIOLI 748 CORAL REEF DRIVE TAMPA, FL 33602</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* VIRGINIA L. HYLAND 4/14/05 (727)823-1876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #