


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000092346**  
 1. Entity Name  
**SUNCOAST REPORTING SERVICES, INC.**



Principal Place of Business <b>700 CENTRAL AVE.          STE 404          SAINT PETERSBURG, FL 33701</b>	Mailing Address <b>700 CENTRAL AVE.          STE 404          SAINT PETERSBURG, FL 33701</b>
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3544982</b>	Applied For 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**

**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 \_\_\_\_\_ (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**

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	TS FAGIOLI, GREGORY D 748 CORAL REEF DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000531833  
 05/06/06-80061-011 150.00

**DO NOT WRITE IN THIS SPACE**

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: Virginia L. Hyland **Virginia L. Hyland** 4/21/06 (727)823-1876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #