


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000003045 1. Entity Name SUNCOAST DIRECTIONAL, INC.	
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Principal Place of Business 19319 HOLLY LANE LUTZ, FL 33548	Mailing Address 19319 HOLLY LANE LUTZ, FL 33548
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01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3550717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HUNT, DARREL W 19319 HOLLY LANE LUTZ, FL 33548
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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

**000000429095
02/21/06-80073-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUNT, DARREL W 19319 HOLLY LANE LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MC CANNA, RICHARD 19319 HOLLY LANE LUTZ, FL 33548
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**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 another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bookkeeper

Darrel W. Hunt
President
Darrel W. Hunt

2-4-06 (227)
423
7707