
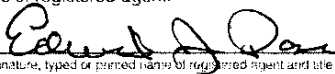


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90032 017 \*\*\*150.00

<b>DOCUMENT # P99000020704</b>					
1. Entity Name <b>SUNCOAST WHEEL &amp; MARKETING, INC.</b>					
Principal Place of Business <b>254 N.E. SURFSIDE AVENUE PORT ST. LUCIE FL 34983</b>			Mailing Address <b>254 N.E. SURFSIDE AVENUE PORT ST. LUCIE FL 34983</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3561641</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOYLE, EDWARD J 254 NE SURFSIDE AVE PORT SAINT LUCIE FL 34983</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2/11/08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DOYLE, EDWARD J</b>	NAME			
STREET ADDRESS	<b>254 NE SURFSIDE AVE</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>PORT SAINT LUCIE FL 34983</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CRIPPS-DOYLE, DEBORA</b>	NAME			
STREET ADDRESS	<b>254 NE SURFSIDE AVE</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>PORT SAINT LUCIE FL 34983</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LINCOLN, WILLIAM</b>	NAME	<b>2007 Albert Circle</b>		
STREET ADDRESS	<b>110 TURTLE CAY UNIT 10</b>	STREET ADDRESS	<b>Wilmington, NC 28403</b>		
CITY - ST - ZIP	<b>WILMINGTON NC 28412</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LINCOLN, CONNIE</b>	NAME	<b>2007 Albert Circle</b>		
STREET ADDRESS	<b>110 TURTLE CAY UNIT 10</b>	STREET ADDRESS	<b>Wilmington NC 28403</b>		
CITY - ST - ZIP	<b>WILMINGTON NC 28412</b>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Edward J Doyle** **2/11/08** **772-344-1460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #