


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000022426</b>	
<b>1. Entity Name</b> SUN COAST BUILDERS & MAINTENANCE, INC.	

<b>Principal Place of Business</b> 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706	<b>Mailing Address</b> 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-3560321	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
SARKEES, GEORGE 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706

<b>7. Name and Address of New Registered Agent</b>
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.**


<b>SIGNATURE</b>	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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b>	<b>\$5.00 May Be</b>
Trust Fund Contribution. <input type="checkbox"/>	Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVPT <input type="checkbox"/> Delete	TITLE	000000214446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKEES, GEORGE	NAME	02/04/05-80013-001 150.00
STREET ADDRESS	7006 ATLANTIC BLVD.	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32211-8706	CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKEES, GEORGE	NAME	
STREET ADDRESS	7006 ATLANTIC BLVD.	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32211-8706	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	
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 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.**

<b>SIGNATURE:</b>		Date	1/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	