


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000059866  
 1. Entity Name  
 DAB SUNCOAST MARKETING INC.



Principal Place of Business  
 10315 FULTON AVE.  
 BROOKSVILLE, FL 34613

Mailing Address  
 10315 FULTON AVE.  
 BROOKSVILLE, FL 34613



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3614659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRUNET, KATHE  
 10315 FULTON AVE.  
 BROOKSVILLE, FL 34613

**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, 2008 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	P BRUNET, DEREK 10315 FULTON AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNET, KATHE 10315 FULTON AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM WALKER, ALLAN 10315 FULTON AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000948137  
 06/02/08-80042-023 150.00

**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: \* Allan Walker ALLAN WALKER \*4/29/08 556-4163  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #