

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90362 001 ***158.75

DOCUMENT # P99000085842

1. Entity Name
SUNCOAST REMODELING, INC.



Principal Place of Business
6051 MCKOWN ROAD
SARASOTA, FL 34240

Mailing Address
6051 MCKOWN ROAD
SARASOTA, FL 34240

40085359

2. Principal Place of Business - No P.O. Box #
743 Gantt Ave
Suite, Apt. #, etc.

3. Mailing Address
743 Gantt Ave
Suite, Apt. #, etc.



04242008 Chg-P CR2E034 (12/06)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0952316

Applied For
Not Applicable

Zip
34232

Country

Zip
34232

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, BONNIE J
6051 MCKOWN ROAD
SARASOTA, FL 34240

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.

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, 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	D	<input type="checkbox"/> Delete
NAME	PETERS, MICHAEL D	
STREET ADDRESS	6051 MCKOWN ROAD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERS, BONNIE	
STREET ADDRESS	6051 MCKOWN RD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Peters MICHAEL Peters 4-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Statute 8

941-378-1156