

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # V25061

1. Entity Name
SUNCOAST LIFT TRUCK SERVICE, INC.



Principal Place of Business
**207 30TH AVE. W
#2 UNIT
BRADENTON, FL 34205 US**

Mailing Address
**P.O. BOX 14700
BRADENTON, FL 34280 US**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0316432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAKLIS, V. WILLIAM ESQ
KAKLIS, REID, VENABLE & WITT, P.A.
1400 4TH AVENUE WEST
BRADENTON, FL 34205**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000345175
04/30/05-80025-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
THOMAS, FRANK H.
7611 DESOTO MEMORIAL HWY
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
THOMAS, PATRICIA L.
7611 DESOTO MEMORIAL HWY
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
THOMAS, C W
3014 6TH AVE W
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
THOMAS, FRANK A
3711 23RD AVE WEST
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
JONZA, PAUL B
1316 15TH ST W
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia L. Thomas
PATRICIA L. THOMAS

4/26/05 941-761-8212
Date Daytime Phone #