


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 032 ***150.00

DOCUMENT # V54278	
1. Entity Name SUNCOAST INDUSTRIAL EQUIPMENT, INC.	

Principal Place of Business 2230 NW 22ND ST POMPANO BEACH FL 33069	Mailing Address 2230 NW 22ND ST POMPANO BEACH FL 33069
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2. Principal Place of Business 1180 Sugar Belt Dr Suite, Apt. #, etc.	3. Mailing Address 1180 Sugar Belt Dr Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL
Zip 34771	Zip 34771
Country Osceola	Country Osceola

4. FEI Number 65-0350851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HART, TIMOTHY 2230 NW 22ND ST POMPANO BEACH FL 33069	7. Name and Address of New Registered Agent Name HART, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 1180 Sugar Belt Drive City St. Cloud FL Zip Code 34771
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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  **DATE** 2-3-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE address change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HART, TIMOTHY		NAME 1180 Sugar Belt Drive	
STREET ADDRESS 2230 NW 22ND ST		STREET ADDRESS St. Cloud, FL 34771	
CITY-ST-ZIP POMPANO BEACH FL		CITY-ST-ZIP St. Cloud, FL 34771	
TITLE V	<input type="checkbox"/> Delete	TITLE address change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HART, TERESA		NAME 1180 Sugar Belt Drive	
STREET ADDRESS 2230 NW 22ND ST		STREET ADDRESS St. Cloud, FL 34771	
CITY-ST-ZIP POMPANO BEACH FL 33069		CITY-ST-ZIP St. Cloud, FL 34771	
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.

SIGNATURE:  **DATE** 2-3-04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR