

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000079189

**Entity Name:** PINELLAS SUNCOAST SERVICES, INC.**Current Principal Place of Business:**8896 94TH ST  
SEMINOLE, FL 33777**Current Mailing Address:**P. O. BOX 4485  
SEMINOLE, FL 33775 US**FEI Number:** 51-0511687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWARNE, EDWARD  
8896 94TH ST  
SEMINOLE, FL 33777 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	CRAIG, SCOTT
Address	7501 142ND AVE N UNIT 365
City-State-Zip:	LARGO FL 33771

Title	SECT
Name	LEWARNE, KATRINA
Address	8896 94TH ST
City-State-Zip:	SEMINOLE FL 33777

Title	TREA
Name	LEWARNE, EDWARD
Address	8896 94TH ST
City-State-Zip:	SEMINOLE FL 33777

Title	VP
Name	LEWARNE, DAVID
Address	305 SOUTH CORONA AVE
City-State-Zip:	CLEARWATER FL 33765

Title	MARKETING DIRECTOR
Name	LEWARNE, DAVID
Address	305 SOUTH CORONA AVE
City-State-Zip:	CLEARWATER FL 33765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD LEWARNE

TREAS

04/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date