


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 571022	
1. Entity Name GULF COAST ELECTRIC MOTOR SERVICE, INC.	

Principal Place of Business 3810 HOPKINS ST. PENSACOLA, FL 32596-5223	Mailing Address PO BOX 1322 PENSACOLA, FL 32591-1322
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01172005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-1811671	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HIGINIO
3032 KNOTTY PINE
PENSACOLA, FL 32505

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

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

000000190042
01/24/05-80117-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, SUSANA 3032 KNOTTY PINE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HIGINIO 3032 KNOTTY PINE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, HIGINIO III 1432 NICKLAUS LN. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MOISES 519 E. MALLORY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, VICTOR 325 MIRABELLE DR. PENSACOLA, FL 32514
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)(f), 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: Susana Rodriguez Sec/Trea 1-19-05 850 433-5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #