2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90057 027 ***150.00

DOCUMENT # G30996

1. Entity Name
GULF COAST CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
540-10TH ST NORTH NAPLES, FL 34102 US	540-10TH ST NORTH NAPLES, FL 33940 US

02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2365936
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEISTER, JR., ROBERT P.
540-10TH ST N
NAPLES, FL 34102

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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
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEISTER, JR R
STREET ADDRESS	280 GULF SHORE BLVD S
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VPD
NAME	MEISTER, ELLEN
STREET ADDRESS	280 GULF SHORE BLVD SOUTH
CITY-ST-ZIP	NAPLES, FL
TITLE	VP
NAME	MEISTER, THOMAS J
STREET ADDRESS	2271 SANDPIPER STREET
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VP
NAME	MEISTER, ROBERT P III
STREET ADDRESS	1120 12AVE NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert P. Meister Jr 2/6/04 239-262-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #