


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 027 ***150.00

DOCUMENT # M72004
 1. Entity Name
GOLD COAST ALUMINUM, INC.



Principal Place of Business
 2605 OHIO AVE
 FORT PIERCE FL 34947
 US

Mailing Address
 2605 OHIO AVE
 206 CHAMBERLIN BLVD
 FORT PIERCE FL 34947
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2605 Ohio Ave
 Suite, Apt. #, etc.

City & State
Fort Pierce FL.

4. FEI Number
65-0059156

Applied For
 Not Applicable

Zip
34947

Country
ST LUCIE / US.

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
CLAY, DENNIS J
206 CHAMBERLIN BLVD
FT PIERCE FL 34946

7. Name and Address of New Registered Agent
 Name
DENNIS J CLAY
 Street Address (P.O. Box Number is Not Acceptable)
2605 OHIO AVE.
 City
Fort Pierce, FL Zip Code
34947

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 **DENNIS J CLAY - Director** *Dennis Clay* **2/16/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE VP | <input type="checkbox"/> Delete CLAY, CHRISTOPHER C 206 CHAMBERLIN BLVD FT PIERCE FL 34946. | TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTOPHER C. CLAY 2840 STONEMAN LN. APT. D FORT PIERCE FL. 34982 |
| TITLE D | <input type="checkbox"/> Delete CLAY, DENNIS 206 CHAMBERLIN BLVD FT PIERCE FL 34946. | TITLE S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DENNIS CLAY 2605 OHIO AVE. FORT PIERCE FL. 34947 |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Phillip Adams 5106 Birch Dr. Fort Pierce FL. 34982 |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Dennis Clay* **DENNIS CLAY** **2/16/04** **772-878-0882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #