


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 035 ***150.00

DOCUMENT # P01000090542

1. Entity Name
 GOLD COAST KITCHEN & BATH INC.



Principal Place of Business: ~~8397 LAUREL LAKES BLVD~~ **LEAVE THIS ADDRESS TRS**
 NAPLES, FL 34119

Mailing Address: ~~8397 LAUREL LAKES BLVD~~ **8397 LAUREL LAKES BLVD**
 NAPLES, FL 34119



2. Principal Place of Business - No P.O. Box # ~~5620 Sport Court L4~~
 Suite, Apt. #, etc.

3. Mailing Address ~~State Sport Court L4~~
 Suite, Apt. #, etc.

07052008 Chg-P CR2E034 (12/06)

City & State: ~~Naples FL~~ **Naples FL**

Zip: ~~34119~~ **34119**

4. FEI Number: 65-1135363

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SCOBEY, RICHARD T
~~8397 LAUREL LAKES BLVD~~ **LEAVE THIS ADDRESS**
 NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **FL** Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: VP	NAME: SCOBEY, RICHARD T	STREET ADDRESS: 8397 LAUREL LAKES BLVD LEAVE THIS ADDRESS	CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE: P	NAME: SCOBEY, GAIL A	STREET ADDRESS: 8397 LAUREL LAKES BLVD LEAVE THIS ADDRESS	CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: U.P.	NAME: Scooby, Richard	STREET ADDRESS: State Sport Court L4 8397 LAUREL LAKES	CITY-ST-ZIP: Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Pres.	NAME: Scooby, Gail A	STREET ADDRESS: State Sport Court L4 8397 LAUREL LAKES	CITY-ST-ZIP: Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: T. Richard Scooby T. RICHARD SCOBEY 7/22/08 239-272-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #