

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009652

FILED
Apr 23, 2004
Secretary of State

Entity Name: GULF COAST INSTITUTE OF TECHNOLOGY, INC.

Current Principal Place of Business:

5459 FRUITVILLE ROAD
SARASOTA, FL 34232

New Principal Place of Business:

5649 FORESTER LAKE DR
SARASOTA, FL 34243

Current Mailing Address:

5459 FRUITVILLE ROAD
SARASOTA, FL 34232

New Mailing Address:

5649 FORESTER LAKE DR
SARASOTA, FL 34243

FEI Number: 02-0567196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODFRIEND, STEVEN H
5649 FORESTER LAKE DRIVE
SARASOTA, FL 34243

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODFRIEND, STEVEN H
Address: 5649 FORESTER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN GOODFRIEND

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date