

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068575

FILED
Apr 14, 2004
Secretary of State

Entity Name: GOLD COAST AIR CONDITIONING OF TAMPA BAY, INC.

Current Principal Place of Business:

333 N FALKENBURG RD UNIT D405
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

333 N FALKENBURG RD UNIT D405
TAMPA, FL 33619

New Mailing Address:

FEI Number: 58-2674337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, CHARLES T JR
333 N FALKENBURG RD UNIT D405
TAMPA, FL 33619

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: D () Delete
Name: COGGINS, CHARLES T JR
Address: 333 N FALKENBURG RD UNIT D405
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: LOPRESTI, JOSEPH M
Address: 333 N FALKENBURG RD UNIT D405
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHARLES T. COGGINS, JR.

D

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date