2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P95000017426

Entity Name: GULFCOAST DECKING, INC.

Current Principal Place of Business:

13499 88TH AVENUE N
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

13799 PARK BLVD
PMB 108
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-3303458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, JOHN
13499 88TH AVENUE NORTH
SEMINOLE, FL 33776 US

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/VP ( ) Delete
Name: EANES, JAMES
Address: 613 2ND ST., #3
City-St-Zip: INDIAN ROCKS BEACH, FL 337852607

Title: DPT (X) Delete
Name: SULLIVAN, JOHN
Address: 13499 88TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: S (X) Delete
Name: MCKNIGHT, WILLIAM
Address: 430 5TH ST NW
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SULLIVAN, JOHN
Address: 13499 88TH AVE. N
City-St-Zip: SEMINOLE, FL 33776 US

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: JOHN SULLIVAN DPT 04/29/2004

Electronic Signature of Signing Officer or Director — Date