


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 270383
 1. Entity Name
GULF COAST AUTO SUPPLY INC



Principal Place of Business
123 FAIRFIELD AVE.
JOHNSTOWN, PA 15906

Mailing Address
123 FAIRFIELD AVE.
JOHNSTOWN, PA 15906

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1005704 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACY, WILLIAM
2320 BEE RIDGE RD.
LOT 146 A
SARASOTA, FL 34239

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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
After May 1, 2004 Fee will be \$550.00

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

U00000056255
 02/19/04-80012-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRAGOVICH, ANN (ASSITAN) 123 FAIRFIELD AVE JOHNSTOWN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACY, WILLIAM 2320 BEE RIDGE RD. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHILEY, STANLEY 123 FAIRFIELD AVE JOHNSTOWN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZEWCZYK, LINDA J 305 FRANKLIN STREET JOHNSTOWN, PA 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD GRAHAM, MICHELLE R 305 FRANKLIN ST. JOHNSTOWN, PA 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Stanley Shiley **STANLEY SHILEY** 2-5-04 814 536 3219
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #