

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 012 ***150.00

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1. Entity Name
GULF COAST ELECTRIC, INC.



Principal Place of Business
10661 HABITAT TRAIL
BOKEELIA, FL 33922 US

Mailing Address
P.O. BOX 336
PINELAND, FL 33945 US



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1170390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SLAGLE, THOMAS E
10661 HABITAT TRAIL
BOKEELIA, FL 33922

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLAGLE, THOMAS
STREET ADDRESS	10661 HABITAT TRAIL
CITY - ST - ZIP	BOKEELIA, FL 33922
TITLE	DV
NAME	HOBBY, GERALD
STREET ADDRESS	18260 MATT RD
CITY - ST - ZIP	NO FT MYERS, FL 00000-33903
TITLE	ASD
NAME	NEELD, JR., ROBERT M.
STREET ADDRESS	4040 DEL PRADO BLVD
CITY - ST - ZIP	CAPE CORAL, FL 1426 SE 44TH ST. 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04 285-2831431
Date Daytime Phone #