

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376401

FILED  
Aug 25, 2004  
Secretary of State

Entity Name: GOLD CUP COFFEE SERVICE, INC.

## Current Principal Place of Business:

4108 GUNN HWY  
TAMPA, FL 33624

## New Principal Place of Business:

4108 GUNN HWY  
TAMPA, FL 33618

## Current Mailing Address:

P.O. BOX 27204  
TAMPA, FL 336182024

## New Mailing Address:

P.O. BOX 27204  
TAMPA, FL 33688-202

FEI Number: 59-1323267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURTON, WILLIAM J JR  
3310 METARLAND RD  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

BURTON, WILLIAM J JR  
3310 MCFARLAND RD.  
TAMPA, FL 33618 US

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:

08/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BURTON, WILLIAM J JR.  
Address: 3310 MCFARLAND RD  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: BURTON, ELIZABETH L.  
Address: P.O. BOX 272024  
City-St-Zip: TAMPA, FL 336882026

Title: COOD ( ) Delete  
Name: CROCKETT, STEVEN D.,  
Address: 16914 FILLY LANE  
City-St-Zip: ODESSA, FL 33556

Title: PTCF ( ) Delete  
Name: FOLEY, CONAL O.,  
Address: 2722 JETTON AVENUE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change ( ) Addition  
Name: BURTON, WILLIAM J JR.  
Address: 3310 MCFARLAND RD.  
City-St-Zip: TAMPA, FL 33618

Title: VPFD (X) Change ( ) Addition  
Name: BURTON, DAVID W  
Address: 604 S. MEVILLE AVENUE. #3  
City-St-Zip: TAMPA, FL 33606

Title: COOD (X) Change ( ) Addition  
Name: CROCKETT, STEVEN D  
Address: 16914 FILLY LANE  
City-St-Zip: ODESSA, FL 33556

Title: PCEO (X) Change ( ) Addition  
Name: FOLEY, CONAL O  
Address: 2722 JETTON AVENUE  
City-St-Zip: TAMPA, FL 33629

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: CONAL O. FOLEY

PCEO

08/25/2004

Electronic Signature of Signing Officer or Director

Date