2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 458051

1. Entity Name
GOLD COAST SANITATION, INC.

Principal Place of Business	Mailing Address
1024 S. SOUTH LAKE DR. HOLLYWOOD, FL 33019	1024 S. SOUTH LAKE DR. HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

03082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1555361	Not Applicable

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

6. Name and Address of Current Registered Agent

RAPISARDI, ANTHONY
1024 S SOUTH LK DR
HOLLYWOOD, FL 33019

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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 _____

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	ST
NAME	NELSON, SHARLENE
STREET ADDRESS	18947 125TH AVE. NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	P
NAME	RAPISARDI, ANTHONY
STREET ADDRESS	1024 S SOUTH LK DR.
CITY-ST-ZIP	HOLLYWOOD, FL

U00000257833
03/10/05-80017-011 150.00

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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: _Anthony Rapisardi_   ANTHONY RAPISARDI (PRES) 3-8-05 (954) 929-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #