

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90009 039 \*\*\*150.00

**DOCUMENT # 591514 -**

1. Entity Name

GULF COAST VAN & STORAGE, INC.



Principal Place of Business

4760 DISTRIBUTION DRIVE  
TAMPA FL 33605

Mailing Address

4760 DISTRIBUTION DRIVE  
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1850936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENDLE, DAVID  
4760 DISTRIBUTION DRIVE  
TAMPA, FL 33605

Name

Steven G. Brendle

Street Address (P.O. Box Number is Not Acceptable)

10912 Sailbrooke Drive

City

Riverview

FL

Zip Code  
33569

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

Steven G Brendle, President

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | BRENDLE, JAMES M.   |  |
| STREET ADDRESS | 13503 GREENLEAF DR. |  |
| CITY-ST-ZIP    | TAMPA FL            |  |
| TITLE          | P                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BRENDLE, DAVID      |  |
| STREET ADDRESS | 2940 FOREST CIRCLE  |  |
| CITY-ST-ZIP    | SEFFNER FL          |  |
| TITLE          | VP                  | <input type="checkbox"/> Delete            |
| NAME           | BRENDLE, STEVEN     |  |
| STREET ADDRESS | 13503 GREENLEAF DR. |  |
| CITY-ST-ZIP    | TAMPA FL            |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | VP                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | James M Brendle      |  |
| STREET ADDRESS | 13503 Greenleaf Dr.  |  |
| CITY-ST-ZIP    | Tampa, FL 33613      |  |
| TITLE          | S                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Edeltraud Brendle    |  |
| STREET ADDRESS | 13503 Greenleaf Dr.  |  |
| CITY-ST-ZIP    | Tampa, FL 33613      |  |
| TITLE          | P                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Steven G. Brendle    |  |
| STREET ADDRESS | 10912 Sailbrooke Dr. |  |
| CITY-ST-ZIP    | Riverview, FL 33569  |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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:

*Steven G. Brendle*

Steven G Brendle

813-248-3174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #