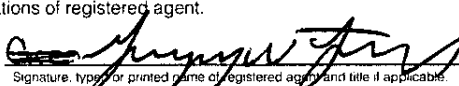
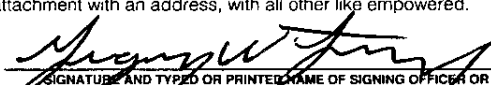


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 029 ***158.75

DOCUMENT # 646675 1. Entity Name GULF COAST DRAFTING, INC.					
Principal Place of Business 2395 TAMiami TRAIL UNIT #3 PORT CHARLOTTE FL 33952 US			Mailing Address 2395 TAMiami TRAIL #3 PORT CHARLOTTE FL 33952 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARD R. CONRAD 2395 TAMiami TRAIL UNIT #3 PORT CHARLOTTE FL 33952			Name Gregory W. Finger Street Address (P.O. Box Number is Not Acceptable) 2395 Tamiami Trail Unit #3 City Port Charlotte FL Zip Code 33952		
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 		Gregory W. Finger, President (NOTE: Registered agent signature required when reinstating)		2/6/04 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONRAD, RICHARD R 2395 TAMiami TRAIL #3 PORT CHARLOTTE FL 33952	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Finger, Gregory W. 2395 Tamiami Trail, #3 Port Charlotte, FL 33952
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: 		2/6/04 DATE		941-625-4858 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					