

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 679439

1. Entity Name
GOLD COAST UTILITIES, INC.



Principal Place of Business

1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE, FL 34979

Mailing Address

1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE, FL 34979-2143 US



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2020089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, GARY W.
1006 FLOOD ROAD
FORT PIERCE, FL 34982

**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 Sue McClure, Sue McClure secretary

DATE

3/13/04

**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 **S**
NAME **MCCLURE, SUE M.**
STREET ADDRESS **1006 FLOOD ST.**
CITY-ST-ZIP **FT. PIERCE, FL**

TITLE **PD**
NAME **MCCLURE, GARY W.**
STREET ADDRESS **1006 FLOOD ST.**
CITY-ST-ZIP **FT. PIERCE, FL**

TITLE
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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: Sue McClure Sue McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 772-465-3465

Date

Daytime Phone #