


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005846 1. Entity Name GULF MARINE & INDUSTRIAL SUPPLIES, INC.	
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Principal Place of Business 401 ST. JOSEPH STREET NEW ORLEANS, LA 70130	Mailing Address 401 ST. JOSEPH STREET NEW ORLEANS, LA 70130
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FE Number 72-0578340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KALFOPOULOS, ALEXANDROS 1726 EAST CHURCH STREET JACKSONVILLE, FL 32202
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**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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COTSORADIS, BRILLE 6026 BELLAIRE DR. NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COTSORADIS, STEPHEN 6026 BELLAIRE DR. NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTSORADIS, JOHN R 6026 BELLAIRE DR. NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COTSORADIS, STEPHEN J 6026 BELLAIRE DR. NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, THOMAS J 1030 JENA STREET NEW ORLEANS, LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, CLYDE 6661 FLEUR DE LIS DR. NEW ORLEANS, FL 70124

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07/07/04-80005-001 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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: Brille A. Cotsoradis 6-30-04 504-525-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #