

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90174 046 ***150.00

DOCUMENT # F09377

1. Entity Name
GULF COAST PLUMBING & HEATING, INC.



Principal Place of Business

1811 W. NINE MILE RD.
~~P.O. BOX 405~~
~~GONZALEZ, FL 32560~~

Mailing Address

1811 W. NINE MILE RD.
~~P.O. BOX 405~~
~~GONZALEZ, FL 32560~~

PENSACOLA, FL 32534

PENSACOLA, FL 32534

24071805



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2045727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, MICHAEL A.
1201 ADOBE TRAIL
CANTONMENT, FL 32533

**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:

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WARD, JOE T.
STREET ADDRESS 2169 PAULINE STREET
CITY-ST-ZIP CANTONMENT, FL

TITLE PD
NAME ALVAREZ, MICHAEL A.
STREET ADDRESS 1201 ADOBE TRAIL 804 LADNER DR.
CITY-ST-ZIP CANTONMENT, FL PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Michael A Alvarez **MICHAEL A. ALVAREZ** **29.04** **(850) 477-7028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #