
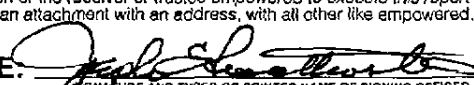


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F49806 1. Entity Name GOLD COAST ASSEMBLIES, INC.		
Principal Place of Business 1555 APEX RD SARASOTA, FL 34240	Mailing Address 3303 S W 11TH AVENUE FT LAUDERDALE, FL 33315	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SWIATKOWSKI, JOSEPH E 6858 ARECA BLVD. SARASOTA, FL 34241-7106		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWIATKOWSKI, MARY E 6858 ARECA BLVD SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIATKOWSKI, JOSEPH E 6858 ARECA BLVD. SARASOTA, FL 34241-7106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIATKOWSKI, JOSEPH E 6858 ARECA BLVD. SARASOTA, FL 34241-7106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH E. SWIATKOWSKI		1/30/06 Date 944-378-5778 Daytime Phone #



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2138993

Applied For
Not Applicable

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

000000417294
02/13/06-80049-017 150.00

**DO NOT WRITE
IN THIS SPACE**