

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G96515**

1. Entity Name  
GULF SIDE SERVICE OF PASCO, INC.



**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6801 TOWER DRIVE  
HUDSON, FL 34667

Mailing Address  
6801 TOWER DRIVE  
HUDSON, FL 34667



01312004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2410004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PEAKE, LILLIAN C.  
10127 FOX SQUIRRELL DR.  
NEW PORT RICHEY, FL 34654

**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 *Lillian C. Peake*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/31/04*  
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PEAKE, WILLIAM M. 10127 FOX SQUIRREL DRIVE NEW PORT RICHEY, FL
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U00000058926  
02/20/04-80060-014 150.00

**DO NOT WRITE  
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)(f), 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:** *William M. Peake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-18-04 727-868-1718*  
Date Daytime Phone #