2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H79441

1. Entity Name
GULF COMPONENTS, INC.

Principal Place of Business	Mailing Address
5100 N. FEDERAL HIGHWAY #300 FORT LAUDERDALE, FL 33308	5100 N. FEDERAL HIGHWAY #300 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2591297
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RANEY, AUGUSTUS E JR.
5100 N. FEDERAL HIGHWAY
#300
FORT LAUDERDALE, FL 33308

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000011290
01/23/04-80031-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RANEY, AUGUSTUS E
STREET ADDRESS	5100 N. FEDERAL HIGHWAY, #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	S
NAME	RAICHE, JOANN
STREET ADDRESS	5100 N. FEDERAL HIGHWAY #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	V
NAME	RANEY, AUGUSTUS
STREET ADDRESS	5100 N FEDERAL HWY #300
CITY-ST ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ Pres. 1/19/04 (954) 492-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #