2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# K02708

Entity Name: GULF COAST FORD, INC.

Current Principal Place of Business:

2440 N.W. HIGHWAY 19
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 639
INVERNESS, FL 344510639 US

New Mailing Address:

FEI Number: 59-2857069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, L. E.
1029 WEST MAGNOLIA STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NICHOLAS, NICK
Address: 9905 E REGENCY ROW
City-St-Zip: INVERNESS, FL 34450

Title: DST ( ) Delete
Name: NICHOLAS, LYNDA C
Address: 9905 E REGENCY ROW
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: TAYLOR, L. E
Address: 1029 W. MAGNOLIA ST
City-St-Zip: LEESBURG, FL 34748 US

Title: DV ( ) Delete
Name: BRYANT, SHANE T
Address: 8643 E SWEETWATER DR
City-St-Zip: INVERNSS, FL 34450 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK NICHOLAS DP 02/18/2004

Electronic Signature of Signing Officer or Director — Date