

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90009 007 ***550.00

DOCUMENT # K98973

1. Entity Name

GULF COAST BROMELIADS, INC.



Principal Place of Business
Gulf Coast Bromeliads Inc.
12525 TOWER RD.
BONITA SPRINGS FL 34136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, ROBB E. JR.
12525 TOWER RD
BONITA SPRINGS FL 34136

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **ROBB, JR., ROSS**

STREET ADDRESS **12525 TOWER RD**

CITY-ST-ZIP **BONITA SPRINGS FL**

Gulf Coast Bromeliads Inc.

NAME **P.O. Box 367265**

STREET ADDRESS **Bonita Springs, FL 34136**

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TITLE ☐ Change ☐ Addition

NAME **Gulf Coast Bromeliads Inc.**

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NAME **P.O. Box 367265**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04 239 992 8613

Date

Daytime Phone #

Attachment

54065894

K98973

This is too
much to
bear. \$550
and we still have
the wrong
address

Wally
Jenn