

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 027 ***150.00

DOCUMENT # M72004

1. Entity Name

GOLD COAST ALUMINUM, INC.



Principal Place of Business

2605 OHIO AVE
FORT PIERCE FL 34947
US

Mailing Address

2605 OHIO AVE
206 CHAMBERLIN BLVD
FORT PIERCE FL 34947
US

2. Principal Place of Business

3. Mailing Address

2605 OHIO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT PIERCE FL.

Zip

Country

Zip

Country

34947

ST LUCIE / US.

4. FEI Number

65-0059156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DENNIS J CLAY

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

2605 OHIO AVE.

City

FORT PIERCE,

FL

Zip Code

34947

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 **DENNIS J CLAY - DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

Dennis Clay

2/16/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	CLAY, CHRISTOPHER C	206 CHAMBERLIN BLVD	FT PIERCE FL 34946	VP	CHRISTOPHER C. CLAY	2840 STONEWAY LN. APT. D	FORT PIERCE FL 34982
D	CLAY, DENNIS	206 CHAMBERLIN BLVD	FT PIERCE FL 34946	S/D	DENNIS CLAY	2605 OHIO AVE.	FORT PIERCE FL 34947
				T	Phillip Adams	5106 Birch Dr.	FORT PIERCE FL 34982

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: **Dennis Clay** **DENNIS CLAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

772-878-0882

Daytime Phone #