2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED		
DOCUMENT # P0000007821 1. Entity Name					Feb 07, 2004 08 Secretary of		
GOLD COAST GUTTERS, INC.					Secretar	y or Sta	ite
Principal Plac	e of Business	Mailing Address		- *			• •
		494 HOLYOKE LN		•			
	TH FL 33467	LAKE WORTH FL 334	67) 355/1553 (1) Main Main Main Main Main Main Marcs or	witt thans only that t	R:RR: It twee
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)			
City & State		City & State			4. FEI Number 65-1113800	 	oplied For of Applicable
Zip	Country	Zip	Сои	ntry	5. Certificate of Status Desired	\$8.75 Add Fee Require	
	nt Registered Agent			7. Name and Address of New Registere	d Agent		
ALODALIOLI IVANI D				Name			
494	PAUGH, IVAN B HOLYOKE LN E WORTH FL 33467			Street Address (I	P.O. Box Number is Not Acceptable)	-	, , , , , , , , , , , , , , , , , , , ,
				City		Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registe	red office or register	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	IE. Register	ed Agent signature required	when reinstating) DAT	E	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0	0			9. Election Campaign Financing		O May Be
	k Payable to Florida Department				Trust Fund Contribution.	L Added	to Fees
10.	OFFICERS AN	ID DIRECTORS	_ 11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	SIN 11
TITLE	PD	☐ Delete	TiTi	£		☐ Change	Addition
NAME	ALSPAUGH, IVAN B		NAM	AE			_
STREET ADDRESS	494 HOLYOKE LN		STE	EET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467		CIT	Y-ST-ZIP			
TITLE		☐ Delete	Titt			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	ME EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP	U0000004001	0	
TITLE		Delete	TITL		02/03/04-80031	<u>- 11 - 251</u>	Addition
NAME		. Delete	NAM	1		o. €3 Cistiflar,	· 역전 Mudalon
STREET ADDRESS			STR	EET ADDRESS			
CRY-ST-ZIP			CIT	Y-ST-ZIP			
MILE		Delete	TITL	.Ę		Change	Addition
NAME			NAM				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS			
				Y-ST-ZIP			
TITLE NAME		Delete	TIT! Nan	į		Change	Addition
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ Delete	TITE	E		☐ Change	Addition
NAME			NAM	AE			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
12. Thereby of indicated of the cor changed	centry that the information supplied w on this report or supplemental repor poration or the receiver or trustee em , or on an attachment with an addres:	rith this filing does not qualify for t is true and accurate and that inpowered to execute this report s, with all other like empowered	or the exe my signa t as requ l.	emption stated in Se ature shall have the started by Chapter 607	ction 119.07(3)(I), Florida Statutes. I further same legal effect as if made under oath, that , Florida Statutes; and that my name appeal	certify that the li I am an officer is in Block 10 o	nformation or director r Block 11 if

LUTUR B Clayangh IVAN B. ALSPANIGH 2-4/4 561-966-5434
STONATURE AND TYPED ON PRINTED HISTOR OFFICER OR DIRECTOR
Daysing Priorie A