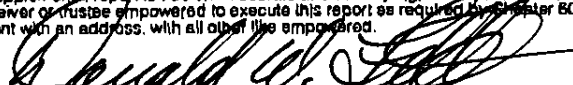


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90700 045 ***158.75

DOCUMENT # P00000013937 1. Entity Name GULF COAST GROUP, INC.					
Principal Place of Business 931 CAPE CORAL PKWY CAPE CORAL, FL 33904			Mailing Address 931 CAPE CORAL PKWY CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 151987 Suite, Apt. #, etc.		
City & State CAPE CORAL, FL.			4. FEI Number 65-0982693		
Zip 33915			Country LEE		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent FELTS, DONALD W 931 CAPE CORAL PKWY CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	P FELTS, DONALD W 931 CAPE CORAL PKWY CAPE CORAL, FL 33904	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		4-29-04 239-458-7333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Class Daytime Phone #			