

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90008 012 ***150.00

DOCUMENT # P00000076785

1. Entity Name

GOLDCOAST TILE & MARBLE, INC.



Principal Place of Business

185 SANTA CLARA
#3
NAPLES FL 34112

Mailing Address

P.O. BOX 7902
NAPLES FL 34101

2. Principal Place of Business

23540 WALDEN CENTER DR.

Suite, Apt. #, etc.

BUILD 8-304

City & State

BONITA SPRINGS FL 34134

Zip

34134

Country

US

3. Mailing Address

P.O. BOX 367301

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

Zip

34136

Country

US



MOORE

CR2E034 (4/04)

4. FEI Number

65-0775876

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, E BRIAN
185 SANTA CLARE DR.
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name E. BRIAN SMITH

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

23540 WALDEN CENTER DR. BONITA SPRINGS FL

City

FL

Zip Code

34134

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SMITH, BRIAN E
STREET ADDRESS P.O. BOX 7902
CITY-ST-ZIP NAPLES FL 34101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME SMITH BRIAN E.
STREET ADDRESS 2354 WALDEN CENTER DR. BUILD 8-304
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition
NAME MAILING
STREET ADDRESS P.O. BOX 367301
CITY-ST-ZIP BONITA SPRINGS, FL. 34136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

259 455-1756