# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2004 08:00 AM**
**Secretary of State**

**DOCUMENT # P00000081574**

1. Entity Name
GULF COAST SUPPLY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3201 E. DEBAZAN AVE.<br>ST. PETE BEACH, FL 33706 | 3201 E. DEBAZAN AVE.<br>ST. PETE BEACH, FL 33706 |

%F,,,,,,4-130F&

**DO NOT WRITE IN THIS SPACE**

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3678019
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODELL, DEBORAH
35 79TH AVENUE
TREASURE ISLAND, FL 33706

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | TURNER, JOHN E |
| STREET ADDRESS | 3201 E. DEBAZAN AVE. |
| CITY-ST-ZIP | ST. PETE BEACH, FL 33706 |
| TITLE | VP |
| NAME | TURNER, NICOLE A |
| STREET ADDRESS | 124 92ND AVENUE |
| CITY-ST-ZIP | SUNSET BEACH, FL 33706 |
| TITLE | ST |
| NAME | TURNER, CAROL A |
| STREET ADDRESS | 3201 E. DEBAZAN AVE. |
| CITY-ST-ZIP | ST. PETE BEACH, FL 33706 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000126724
04/23/04-80046-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Carol A Turner CAROL A. TURNER 4-15-04 727 360 5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #