## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P00000083362** GULF PORT SUNCOAST INVESTMENTS, INC. 04-14-2004 90077 047 \*\*\*150.00 Principal Place of Business Mailing Address 4200 MCCLUNG DR. 4200 MCCLUNG DR. **NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653** 03102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3669680 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERRANDINO, JOSEPH P DO NOT WRITE 4200 MCCLUNG DR. NEW PORT RICHEY, FL 34653 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. 4-9-04 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE,IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FERRANDINÖ, JOSEPH P NAMÉ STREET ADDRESS 4200 MCCLUNG DR. CITY<sup>2</sup> ST- ZIP NEW PORT RICHEY, FL 34653 NAME ~ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO:NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 eath; 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 a fighter like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JOSEPH P. FerrAndino P 4/9/04 (727) 372-378

Daytime Phone #