


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90241 016 \*\*\*158.75

<b>DOCUMENT # P00000115291</b>					
1. Entity Name <b>GOLD COAST PLUMBING SPECIALTY PARTS, INC.</b>					
Principal Place of Business <b>908 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983</b>			Mailing Address <b>908 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983</b>		
2. Principal Place of Business		3. Mailing Address <b>PMB 359</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>906-SW. ST. Lucie West Blvd</b>			
City & State		City & State <b>Port St. Lucie Florida</b>			
Zip	Country	Zip	Country	4. FEI Number <b>65-1083774</b>	
<b>34986-1766</b>		<b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSSETTI, ROBERT J 908 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983</b>			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD ROSSETTI, ROBERT J SR 1955 SW BURLINGTON ST PORT ST LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSSETTI, PRUDENCE 1955 SW BURLINGTON ST PORT ST LUCIE, FL 34984	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>CSA. ROBERT J ROSSETTI, SR.</u> 4-18-05 772-370-5904					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					