

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 017 ***158.75

DOCUMENT # PO1000007870

1. Entity Name
GULF COAST CARPENTRY
AND RENOVATIONS



DO NOT WRITE IN THIS SPACE

40101633

2. Principal Place of Business
HOME

3. Mailing Address
8349 CYPRESS Rd.

CR2E034B (8/05)

City & State
ENGLEWOOD FL

City & State
FLORIDA

4. FEI Number
65-1081270

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
MYRON POLUHA

Street Address (P.O. Box Number is Not Acceptable)
8349 CYPRESS Rd.

City
ENGLEWOOD FL

Zip Code
34224

**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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 8-9-06

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Myron W. Poluha 8349 Cypress Rd. Englewood Fla. 34224</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Darlene Shelly 2621 Carmine Rd. Venice, Fla. 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 8-9-06 941-497-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

40101633

P01000082820

To Whom it may Concern: 8-10-06

Mr. Polukai:

Was very ill and certain things, until I got to his mail didn't get to be taken care of. He found out he had Cancer. So we are hoping as he's getting better he can continue to work. We would very much appreciate if he could still have his Corporation still in tack for this amount.

Thank you
Ina D Shelly