2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					May U5	, 2004
DOCU	MENT # P01000009		Ţ ,	Seci	etary of State	
1. Entity Name GULF COAST DIESEL INC.						
GOLF CC	DAST DIESEL INC.			***************************************		
Principal Plac	e of Business	Mailing Address		1		
2601 SW 37		2601 SW 37TH STREET				
CAPE CORAL	, FL 33914	CAPE CORAL, FL 33914				
			04302004	No Chg-P	CR2E034 (10/03)	
	O NOT WRITE	CE	4. FEI Numb	er	Applied For	
				65-106		Not Applicable
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
	5. Name and Address of Current F	legistered Agent				
JONES, EI	RIC B			D0	NOT 16	nite*
2601 SW 37TH STREET					NOT W	
CAPE CORAL, FL 33914			<u> </u>	IN ⁻	THIS SP	ACE
	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
the obligat	lions of registered agent.	/ / ~ .	0		Δ.	11 211
SIGNATURE	Signature, typed or printed name of registered agent as	6 title 4 applicable. (NOTE: Registers	d Agent signature required			0/1 - 30 -04
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees		
10.	ÖFFICERS AND	NRECTORS.		· ·		and the second s
Title Name	D JONES, ERIC B					
STREET ADDRESS	2601 SW 37TH ST.				U000001	51054
CITY-ST-ZIP	CAPE CORAL, FL 33914				05/04/04-6	00029-020 150.00
TITLE Name	D JONES, JEANNIE M					
STREET ADDRESS	2601 SW 37TH ST.					
CITY-ST-ZIP	CAPE CORAL, FL 33914					
TITLE	•		1 : <u></u>		· · · · · · · · · · · · · · · · · · ·	
NAME Street address			1	50	NOT	
CITY-ST-ZIP					NOT W	
TITLE		The state of the s		IN.	THIS SF	ACE
NAME STREET ADDRESS						
CITY-ST-ZIP]			
TITLE		NAME AND ADDRESS OF THE PARTY O	1			
NAME PERSON						
STREET ADDRESS CITY-ST-ZIP						
TITLE			<u> </u>			

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR DESIGNED NAME OF SIGNING OFFICER OR DIRECTOR