


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 038 ***150.00

DOCUMENT # P01000047649 1. Entity Name GOLD COAST TURBINE, INC.					
Principal Place of Business 3526 MARSHA LN VERO BEACH, FL 32967			Mailing Address 3526 MARSHA LN VERO BEACH, FL 32967		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PSTD CORRIE, BRENT 3526 MARSHA LN VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Brent Corrie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/15/08 772-581-3463 <small>Date Daytime Phone #</small>		

40008201



01162008 Chg-P CR2E034 (12/06)

4. FEI Number **65-1103559** Applied For Not Applicable

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

65 103277 01 00 000000
200130 R10399

6501

07953-594-01906-1
SB

13166 261



Department of the Treasury
Internal Revenue Service
ATLANTA GA 39901

ATTACHMENT

Date of this notice:
Taxpayer Identifying Number
Form:

AUG. 6, 2001
65-1103277
Tax Period:

40008287
PO1000047649

For assistance you may
call us at:

1-800-829-1040

|||||

GOLD COAST TUBINE INC
3820 NE 23RD AVE
LGHTSE POINT FL 33064-7439209

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

~~YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF
DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING MAY 14, 2001, SUBJECT TO
VERIFICATION IF WE EXAMINE YOUR RETURN.~~

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF
TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF
THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION
WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING
PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS
THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR
ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO
HELP YOU HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev.8-91)

Return this part to us with your check or inquiry

Your telephone number
() -

Best time to call

200130

07953-594-01906-1

261

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

GOLD COAST TUBINE INC
3820 NE 23RD AVE
LGHTSE POINT FL 33064-7439209

ATTACHMENT # 40008287
PO1000047649

Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	65-1103277 EIN OMB No. 1545-0003
---	---	---

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) GOLD COAST TURBINE, INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 3820 Northeast 23rd Avenue	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Lighthouse Point, Florida 33064	5b City, state, and ZIP code
	6 County and state where principal business is located Broward County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Brent Corrie, President (ssn 592-82-6360)	

8a Type of entity (Check only one box.) (see instructions)
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input checked="" type="checkbox"/> Other corporation (specify) ► Sub S <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military <input type="checkbox"/> (enter GEN if applicable) _____
---	--

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Florida	Foreign country
--------------	----------------	------------------------

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Other (specify) ► _____
--	--

10 Date business started or acquired (month, day, year) (see instructions) 05/14/01	11 Closing month of accounting year (see instructions) December
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **05/01**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 1	Agricultural	Household
---	------------------------------------	---------------------	------------------

14 Principal activity (see instructions) ► **State of Aircraft Parts/Engines**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
 If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale)
☐ Public (retail) ☐ Other (specify) ► _____ ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
 Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► Elsie Sanchez, Treasurer	Business telephone number (include area code) (954) 545-9787
	Fax telephone number (include area code) ()

Signature ► Date ► **05/16/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Gen.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------