

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055601

FILED
Feb 09, 2004
Secretary of State

Entity Name: GULF COAST FLOOR CARE, INC.

Current Principal Place of Business:

19106 SHELDON ST
ORLANDO, FL 328335705

New Principal Place of Business:

Current Mailing Address:

19106 SHELDON ST
ORLANDO, FL 328335705

New Mailing Address:

FEI Number: 65-1111089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, THOMAS R
19106 SHELDON ST
ORLANDO, FL 328335705

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST (X) Delete
Name: GEENEN, THOMAS
Address: 5332 COLEWOOD PLACE
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: CRAIG, THOMAS R
Address: 19106 SHELDON ST
City-St-Zip: ORLANDO, FL 328335705

Title: V () Delete
Name: DAYTON, WILLIAM F
Address: 5570 ALLIGATOR LAKE RD
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change () Addition
Name: CRAIG, THOMAS R
Address: 19106 SHELDON ST
City-St-Zip: ORLANDO, FL 328335705

Title: VS (X) Change () Addition
Name: DAYTON, WILLIAM F
Address: 5570 ALLIGATOR LAKE RD
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. CRAIG

PST

02/09/2004

Electronic Signature of Signing Officer or Director

Date