


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000057777</b>	
1. Entity Name GOLD COAST FASTENERS, INC.	

Principal Place of Business 4836 NE 11 AVENUE FT LAUDERDALE, FL 33334	Mailing Address 4836 NE 11 AVENUE FT LAUDERDALE, FL 33334
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**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1109350	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LESH, DAVID T 10111 NW 26 ST SUNRISE, FL 33322	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent; and file if applicable</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESH, DAVID T 10111 NW 26 ST SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARNER, JON 3030 FRANKLIN ST HOLLYWOOD, FL 33021
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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04/15/04-60055-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Jon Warner</u> <b>JON WARNER Director</b> <u>4-13-04</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		