

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 035 ***150.00

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1. Entity Name
GOLD COAST KITCHEN & BATH INC.



Principal Place of Business
8397 LAUREL LAKES BLVD
NAPLES, FL 34119

Mailing Address
8397 LAUREL LAKES BLVD
NAPLES, FL 34119

2. Principal Place of Business - No P.O. Box #
8397 Laurel Lakes Blvd

3. Mailing Address
8397 Laurel Lakes Blvd

City & State
Naples FL

City & State
Naples FL

6. Name and Address of Current Registered Agent
SCOBIEY, RICHARD T
8397 LAUREL LAKES BLVD
NAPLES, FL 34119

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	SCOBIEY, RICHARD T	TITLE VP	SCOBIEY, RICHARD T
NAME	SCOBIEY, RICHARD T	NAME	SCOBIEY, RICHARD T
STREET ADDRESS	8397 LAUREL LAKES BLVD	STREET ADDRESS	8397 LAUREL LAKES BLVD
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	NAPLES, FL 34119
TITLE P	SCOBIEY, GAIL A	TITLE Pres.	SCOBIEY, GAIL A
NAME	SCOBIEY, GAIL A	NAME	SCOBIEY, GAIL A
STREET ADDRESS	8397 LAUREL LAKES BLVD	STREET ADDRESS	8397 LAUREL LAKES BLVD
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	NAPLES, FL 34119
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: T. Richard Scobey T. RICHARD SCOBIEY 7/22/08 239-272-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #