


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 045 \*\*\*150.00

<b>DOCUMENT # P01000097544</b>	
1. Entity Name <b>GULF COAST ALUMINUM, INC.</b>	

Principal Place of Business <b>4117 LOOKOUT ST., APT. 4 PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>4117 LOOKOUT ST., APT. 4 PANAMA CITY BEACH, FL 32408</b>
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2. Principal Place of Business <b>PO Box 13484</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 13484</b> Suite, Apt. #, etc.
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City & State <b>Mexico Beach, FL</b>	City & State <b>Mexico Beach, FL</b>
Zip <b>32410</b>	Zip <b>32410</b>
Country	Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3748124</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SIMPSON, LARRY 4117 LOOKOUT ST., APT. 4 PANAMA CITY BEACH, FL 32408</b>
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7. Name and Address of New Registered Agent Name <b>9228 Auger Ave.</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Beacon Hill</b> <b>FL</b> Zip Code <b>32410</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  **LARRY SIMPSON** **4-6-2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, LARRY 4117 LOOKOUT ST., APT. 4 PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT 9228 Auger Ave. Beacon Hill, FL 32410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITRELL, JAMES PO BOX 13010 MEXICO BEACH, FL 32410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRIPLING, JONATHAN 275 W. BEATTY AVENUE WHITE CITY, FL 32465 <input checked="" 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
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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 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:  **LARRY SIMPSON** **4-6-2004** **(850) 647-3299**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #