


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State


DOCUMENT # P01000113972 1. Entity Name GULF COAST MARKETING AND MANAGEMENT SERVICES, INC.	
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Principal Place of Business 7430 N. TAMiami TRAIL #2 SARASOTA, FL 34243	Mailing Address 7430 N. TAMiami TRAIL #2 SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301


05212004 No Chg-P CR2E034 (10/03)
4. FEI Number
59-3759525
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUHRSEN, JEFFREY A 200 S WASHINGTON BLVD SUITE 2 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LUHRSEN, JULIE S 200 S WASHINGTON BLVD SUITE 2 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT BOWER, MATTHEW J 200 S WASHINGTON BLVD SUITE 2 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/24/04-800008-018 150.00
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IN THIS SPACE**

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

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 5/21/04 Daytime Phone #: 941-355-7778