


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90666 029 \*\*\*158.00

**DOCUMENT # P02000000162**

1. Entity Name  
**GULF COAST FRAMING, INC.**



Principal Place of Business  
**2623 S.W. 52ND LANE  
 CAPE CORAL, FL 33914**

Mailing Address  
**2623 S.W. 52ND LANE  
 CAPE CORAL, FL 33914**

**94078522**

2. Principal Place of Business  
**4411 SW Santa Barbara Pl**

3. Mailing Address  
**4411 SW Santa Barbara Pl**

Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State  
**Cape Coral Florida**

City & State  
**Cape Coral Florida**

Zip  
**33914**

Country  
**USA**

4. FEI Number  
**04-6959279**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PANARETOS, JAMES P  
 2623 S.W. 52ND LANE  
 CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4411 SW SANTA BARBARA PL**

City **Cape Coral** FL Zip Code **33914**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANARETOS, JAMES P 2623 S.W. 52ND LANE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANARELOS, III, JAMES P 608 SE 46TH LANE, APT 5 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4411 SW SANTA BARBARA PL Cape Coral FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PANARETOS, III, James P 4411 SW Santa Barbara PL Cape Coral, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>M KEVIN Kucharski 1566 Ixora DR N. Fort Myers, FL 33917</b>
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"/> Change <input type="checkbox"/> Addition
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:  **James P Panaretos** **4/30/04** **239 560 1986**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #