


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**
 Suite, Apt. #, etc.

3. Mailing Address: **4411 SW Santa Barbara Pl**
 Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State: **Cape Coral, Florida**
 Zip: **33914** Country: **USA**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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: PD NAME: PANARETOS, JAMES P STREET ADDRESS: 2623 S.W. 52ND LANE CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE: V NAME: PANARELOS, III, JAMES P STREET ADDRESS: 608 SE 46TH LANE, APT 5 CITY-ST-ZIP: 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: 4411 SW SANTA BARBARA PL CITY-ST-ZIP: Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: PANARETOS, III, James P STREET ADDRESS: 4411 SW SANTA BARBARA PL CITY-ST-ZIP: Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: M NAME: KEVIN KUCHARSKI STREET ADDRESS: 1566 IXORA DR CITY-ST-ZIP: N. Fort Myers, FL 33917	<input type="checkbox"/> Change <input checked="" 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
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 #