



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91049 009 \*\*\*150.00

<b>DOCUMENT # P02000020447</b> 1. Entity Name <b>GULF COAST PHARMACEUTICAL RESEARCH, INC.</b>					
Principal Place of Business <b>3306 US HWY 19 N. SUITE B HOLIDAY, FL 34691</b>			Mailing Address <b>3306 US HWY 19 N. SUITE B HOLIDAY, FL 34691</b>		
2. Principal Place of Business <b>5622 Marine Pkwy Suite, Apt. #, etc. Suite 22 City &amp; State New Port Richey, FL Zip 34652 Country USA</b>		3. Mailing Address <b>5622 Marine Pkwy Suite, Apt. #, etc. Suite 22 City &amp; State New Port Richey, FL Zip 34652 Country USA</b>			
4. FEI Number <b>30-0071413</b>		Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>LINDA RHEA 4402 KONGA CT. NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name <b>Linda M. Rhea</b> Street Address (P.O. Box Number is Not Acceptable) <b>2749 Jarvis Circle</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>		
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 <u><i>Linda M. Rhea</i></u> DATE <u>4/21/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<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"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHEA, LIN M 758 TIMUGAANA LANE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHEA, LINDA D 4402 KONGA CT. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHEA, LINDA D 4402 KONGA CT. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHEA, LINDA M 758 TIMUGUERA LN. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/N/T/S Rhea, Linda M. 2749 Jarvis Circle Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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: <u><i>Linda M. Rhea</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/21/04</u> (727) 430-0934 <small>Date Daytime Phone #</small>			