

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052073

FILED
Jan 03, 2005
Secretary of State

Entity Name: GULF COAST APPRAISAL GROUP INC.

Current Principal Place of Business:

2003 W. KENNEDY BLVD, SUITE C
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320151
TAMPA, FL 33679

New Mailing Address:

FEI Number: 01-0699725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, JOSE
4320 N. ARMENIA AVENUE
SUITE-280
TAMPA, FL 33627 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINARDI, JOSEPH R
Address: 18609 LAKESHORE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: MINARDI, GLENN A JR
Address: 3916 W. KENSINGTON AVE.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MINARDI, GLENN A JR
Address: 4106 W EMPEDRADO STREET
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. MINARDI

MR.

01/03/2005

Electronic Signature of Signing Officer or Director

Date