## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

	<del></del>	
DOCUMENT # P0200  1. Entity Name GULF COAST POWERSKI, IN		
Principal Place of Business 1020 FERDON BLVD, SOUTH CRESTVIEW, FL 32536	Mailing Address 1020 FERDON BLVD, SOUTH CRESTVIEW, FL 32536	



## DO NOT WRITE IN THIS SPACE 04272004

No Chg-P

CR2E034 (10/03)

4.	FEI Number					
	11-3670217					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and.	Addre	ss of	Current	Regis	itered	Agent

WILLIAMSON, A. WAYN WELTON & WILLISMSON, P.A. 1020 S FERDON BLVD CRESTVIEW, FL 32536

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

CRESTVIE	EVV, FL 32536			814	THO STACE
the obligat	named entity submits this statement for the pions of registered agent	ourpose of changing its registers	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	f applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, BUD 1015 RHEA TRAILER PARK LOT 9A OPP, AL 36467				# 01000140599 34701704-900 <u>52-023   150   80</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEEKS, DENNIS 17967 LINDSEY BRIDGE RD ANDALUSIA, AL 36420				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fi on this report or supplemental report is true reporation or the receiver or trustee empowere or on an attachment with an address, with a	ling does not qualify for the exer and accurate and that my signal d to execute this report as requil other like empowered.	mption state ure shall ha red by Chap	d in Section 119 07(3) ve the same legal effe ter 607, Flonda Statule	(i), Florida Slatutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR