

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-05-2004 90213 032 ***150.00

DOCUMENT # P03000019605					
1. Entity Name GULF COAST ALLERGY SOCIETY INC.					
Principal Place of Business 41 FAIRPOINT DRIVE SUITE F GULF BREEZE FL 32561			Mailing Address 41 FAIRPOINT DRIVE SUITE F GULF BREEZE FL 32561		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0005107	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LACHOWSKY, FRANK MD 41 FAIRPOINT DRIVE SUITE F GULF BREEZE FL 32561				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PD	CLEVELAND, CRAWFORD	3298 SUMMIT BLD., SUITE 40	PENSACOLA FL 32503		
TD	LACHOWSKY, FRANK	41 FAIRPOINT DRIVE SUITE F	GULF BREEZE FL 32561		
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>Frank Lachowsky</i></u>				5/1/04 850-938-9434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66426081



MOORE CR2E034 (11/03)