
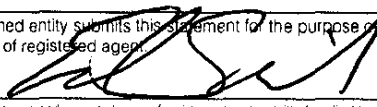
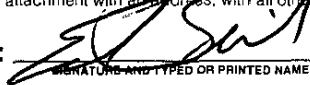


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90010 001 \*\*\*150.00

<b>DOCUMENT # P03000062345</b> 1. Entity Name <b>GULF COAST ELECTRIC &amp; LIGHTING, INC.</b>					
Principal Place of Business <b>4505 131 AVE NORTH STE 12 CLEARWATER, FL 33762</b>			Mailing Address <b>4505 131 AVE NORTH STE 12 CLEARWATER, FL 33762</b>		
2. Principal Place of Business <b>1726 MONTANA AVE NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1726 MONTANA AVE NE</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG FL.</b>		City & State <b>ST. PETERSBURG FL</b>			
Zip <b>33703</b>		Country <b>USA</b>		Zip <b>33703</b>	
Country <b>USA</b>		4. FEI Number <b>01-0786871</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MILLER, ED 4505 131 AVE NORTH STE 12 CLEARWATER, FL 33762</b>					
7. Name and Address of New Registered Agent Name <b>EDWARD MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1726 MONTANA AVE NE</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33703</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:  DATE: <b>1-16-04</b> <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"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLER, ED 4505 131 AVE NORTH STE 12 CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLER, EDWARD 1726 MONTANA AVE NE ST. PETERSBURG FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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:  <b>EDWARD S. MILLER</b> Date: <b>1-16-04</b> Daytime Phone #: <b>727 573 4595</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					