

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90723 028 ***150.00

DOCUMENT # P03000064995

1. Entity Name
GULF COAST APPRAISALS, INC.



Principal Place of Business
**4640 LONGWATER CHASE
SARASOTA, FL 34235**

Mailing Address
**4640 LONGWATER CHASE
SARASOTA, FL 34235**

04000473



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
57-1173099

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, GAYLE A
4757 OAK RUN LANE
SARASOTA, FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

4640 Longwater Chase

City
Sarasota

FL

Zip Code
34235

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TOWNSEND, GAYLE A**
STREET ADDRESS **4757 OAK RUN LANE**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **PD** ☒ Change ☐ Addition
NAME **Townsend, Gayle A**
STREET ADDRESS **4640 Longwater Chase**
CITY-ST-ZIP **Sarasota, FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Gayle A Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gayle A Townsend

3/2/2004

Date

Daytime Phone #