## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

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**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P03000088846** 05-04-2005 90173 038 \*\*\*150.00 GULF COAST TECHNICAL SERVICES, INC. Principal Place of Business Mailing Address 880 MANDALAY AVE 880 MANDALAY AVE 50047763 SUITE S-1012 SUITE S-1012 CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business 814 BEACH TRAIL 3. Mailing Address 14100 WALSINGHAM RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 CR2E034 (10/03) Chg-P UNIT SUITE 36 PMR 718 City & State City & State 4. FEI Number Applied For INDIAN ROCKS BEACH FL. 41-2105926 LARGO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired VS A 33779 Fee Required 3378 F 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEGIORGIO, GREGORY 880 MANDALAY AVE **SUITE S-1012** 814 BEACH TRAIL CLEARWATER BEACH, FL 33767 UNIT B City INDIAN ROCKS BEACH 8. The above named entity subrities 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. GREGORY DE GIURGIO 4PRIL 1,2005 SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITL F Addition DEGIORFIG, GREGORY DEGIORGIO, GREGORY NAME NAME BIY BEACH TRAIL UNITB 880 MANDALAY AVE SUITE S-1012 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZiP CLEARWATER BEACH, FL 33767 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 12. I hereby certify that the information opplied 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 acourate 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.

**FILED** 

CALEGORY D= GUAGIO PAES. 44-05 (727) 517-71 BY