


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90034 001 ***150.00

DOCUMENT # P03000090743	
1. Entity Name GULF COAST ENVIRONMENTAL, INC.	

Principal Place of Business 17 DEW DRIVE LAKE PLACID, FL 33852	Mailing Address 17 DEW DRIVE LAKE PLACID, FL 33852
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2. Principal Place of Business 8360 SW Gulf Street Suite, Apt. #, etc.	3. Mailing Address 8360 SW Gulf Street Suite, Apt. #, etc.
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City & State Arcadia, FL	City & State Arcadia, FL
Zip 34266	Country U.S.A.

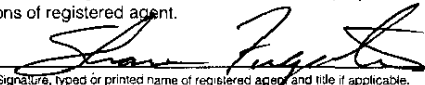


01212004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0702440	Applied For <input type="checkbox"/> Not Applicable
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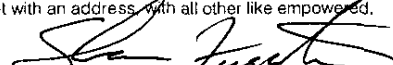
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUGATE, SHANE 17 DEW DRIVE LAKE PLACID, FL 33852	7. Name and Address of New Registered Agent Name Shane Fugate Street Address (P.O. Box Number is Not Acceptable) 8360 SW Gulf Street City Arcadia FL Zip Code 34266
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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: 	Date 1-28-04 Daytime Phone # 863441-0950