2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 24, 2004 8:00 am
Secretary of State

04-07-2004 90042 004 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000108491

1. Entity Name

GULF COAST DOOR & TRIM, INC.

Principal Place of Business	Mailing Address
6123 DELAWARE AVE. NEW PORT RICHEY FL 34653	6123 DELAWARE AVE. NEW PORT RICHEY FL 34653

2. Principal Place of Business		3. Mailing Address	
5510 River Rd.		5510 River Rd.	
Suite, Apt. #, etc.: Suite 205		Suite, Apt. #, etc.: Suite 205	
City & State: New Port Richey Fl.		City & State: New Port Richey Fl.	
Zip: 34652	Country: U.S.	Zip: 34652	Country: U.S.

4. FEI Number: 27-0068194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IORIO, PETE
6123 DELAWARE AVE
NEW PORT RICHEY FL 34653

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: Pete Iorio Pres. DATE: 2-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GARY A. CHITWOOD 4828 SUNSET HARBOR RD. NEW PORT RICHEY FL. 34652 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PETE IORIO. 7136 ARBOR VIEW LN. N.P.R. FL. 34653 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Pete Iorio — Date: 2-28-04 — Daytime Phone #: 727 243 8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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