2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 10, 2004 8:00 am Secretary of State

DOCUMENT # P03000118764  1. Entity Name					02-27-2004 90020 035 ***150.00
GULF CO	AST STORM SHUTTERS	S INC.			
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11 PF 14 KES 111	e of Business	Mailing Address	·		+
Principal Place of Business 9000 N. PALAFOX #44 PENSACOLA FL 32534		9000 N. PALAFOX #44	9000 N. PALAFOX #44		66405288
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	lace of Business	3. Mailing Address			
3 Sec. 197	ET DESHESS TO	Manag Address			I HI SERRA HE HAZER BAN BANK HANN HANN HANN HANN BANK KALARAH HI SUN
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State	City & State		4. FEI Number   Applied For   14 - 18986 57   Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
NAFZIGER, GREG				Name	· · · · · · · · · · · · · · · · · · ·
9000	O N. PALAFOX #44 ISACOLA FL 32534		Streel Address		s (P.O. Box Number is Not Acceptable)
	•				,
		•		City	FL Zip Code
8. The above the obligati	named entity submits this statem ions of registered agent.	ent for the purpose of changing its	register	ed office or regist	tered agent, or both, in the State of Florida. I am tamiliar with, and accept
SIGNATURE _	Signature, typed or printed name of registered	d agent and site if applicable. (NOTI	E: Registere	d Agent signature requi	ered when reinstating) DATE
F After	ILE NOW III FEE IS \$150.00 May 1, 2004 Fee will be \$55 Payable to Florida Departme	0.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby of indicated of the cort	certify that the information supplie on this report or supplemental re poration or the receiver or trustee	d with this filling does not qualify for port is true and accurate and that re empowered to execute this report	r the exe ny signa as requi	emption stated in stated in state the shall have the ired by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if
		ress, with all other like empowered.			_
SIGNAT	URE: Olea (	A I lake		,	3-8-04 850-4765603