

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-27-2004 90020 035 ***150.00

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|---|---|---------|--|---|--|-------|------|--------|----------------|----------------------|--|-------------|---|--|-------|------|--------|----------|----------------|--|--|--|-------------|--|--|--|
| DOCUMENT # P03000118764 1. Entity Name GULF COAST STORM SHUTTERS INC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 9000 N. PALAFOX #44 PENSACOLA FL 32534 | | | Mailing Address 9000 N. PALAFOX #44 PENSACOLA FL 32534 | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 14-1898657 | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent NAFZIGER, GREG 9000 N. PALAFOX #44 PENSACOLA FL 32534 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | FL Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Greg Nafziger</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>9000 Palafox #44 Pensacola, FL 32534</td> <td></td> </tr> </table> </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | NAME | Delete | STREET ADDRESS | Greg Nafziger | | CITY-ST-ZIP | 9000 Palafox #44 Pensacola, FL 32534 | | TITLE | NAME | Change | Addition | STREET ADDRESS | | | | CITY-ST-ZIP | | | |
| TITLE | NAME | Delete | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Greg Nafziger | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | 9000 Palafox #44 Pensacola, FL 32534 | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change | Addition | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u><i>Greg Nafziger</i></u> 3-8-04 856-476 5603 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |