

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90049 037 ***150.00

DOCUMENT # P03000121001

1. Entity Name

DOUGLAS S. GAST CONSTRUCTION, INC



Principal Place of Business

3300 BONITA BCG RD #126
BONITA SPRINGS FL 34134

Mailing Address

P.O. BOX 110272
NAPLES FL 34108-0105

30003304

2. Principal Place of Business

3300 BONITA BEACH RD.

3. Mailing Address

SAME



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

SUITE 126

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL.

City & State

Zip

34134

Country

U.S.A

Zip

Country

4. FEI Number

11-3707164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAST, DOUGLAS S
3300 BONITA BEACH RD.
BONITA SPRINGS FL 34134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PSTD ☐ Delete
NAME GAST, DOUGLAS S
STREET ADDRESS 3300 BONITA BCG RD #126
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

DOUGLAS S. GAST

Date

Daytime Phone #

1-20-05 239 250-2005