

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000132044	
1. Entity Name GOLD COAST DSL INC.	



Principal Place of Business 5151 W RIO VISTA AVE TAMPA, FL 33634 US	Mailing Address 5151 W RIO VISTA AVE TAMPA, FL 33634 US
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**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0388013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIRGES, FRANK F JR  
1346 W FLETCHER AVE  
TAMPA, FL 33612

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Total Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YALDOR, RYAN 5151 W RIO VISTA AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEINZ, BILL 5151 W RIO VISTA AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YALDOR, MARTINE 5151 W RIO VISTA AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO YALDOR, MULI 5151 W RIO VISTA AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000324749  
04/22/05-80104-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing do-  
indicated on this report or supplemental report is true and acc-  
of the corporation or the receiver or trustee empowered to ex-  
changed, or on an attachment with an address, with all other li-

I certify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information  
that my signature shall have the same legal effect as if made under oath, that I am an officer or director  
report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if  
covered.

**SIGNATURE:** **4/7/05** **813-880-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #