


DOCUMENT # P03000141232

1. Entity Name
GULF COAST SIDING, INC.



01-22-2008 90073 011 ***150.00

Secretary of State

Principal Place of Business
965 SENECA ROAD
VENICE, FL 34293 US

Mailing Address
965 SENECA ROAD
VENICE, FL 34293 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent
KOTAL, PETR
9198 CRUGAR TERRACE
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent
Name
KOTAL, PETR
Street Address (P.O. Box Number is Not Acceptable)
2025 CAFF WAY, APT #16
CitySARASOTAFLZip Code34231

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] DATE: 01-15-08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE PD
NAME KOTAL, PETR
STREET ADDRESS 9198 CRUGAR TERRACE
CITY-ST-ZIP ENGLEWOOD, FL 34224
TITLE VPD
NAME MISKAR, JOSEF
STREET ADDRESS 965 SENECA ROAD
CITY-ST-ZIP VENICE, FL 34293

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD
NAME KOTAL, PETR
STREET ADDRESS 2025 CAFF WAY, APT #16
CITY-ST-ZIP SARASOTA, FL 34231

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE: 01-15-08

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR