

APR-29-2004 12:02

CATHERINE L TRACY CPA P.A.

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90414 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
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| <b>DOCUMENT # P03000149451</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |         |                                                                                                                                         |  |         |
| 1. Entry Name<br><b>GULF COAST CANVAS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| Principal Place of Business<br><b>4523 30TH STREET WEST<br/>#B205<br/>BRADENTON, FL 34207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |         | Mailing Address<br><b>PO BOX 55<br/>TALLEVAST, FL 34270</b>                                                                             |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |         | 3. Mailing Address                                                                                                                      |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |         | Suite, Apt. #, etc.                                                                                                                     |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |         | City & State                                                                                                                            |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Country | Zip                                                                                                                                     |                                                                                   | Country |
| 4. FEI Number<br><b>60-0005288</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |         |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |         |                                                                                                                                         | \$8.75 Additional Fee Required                                                    |         |
| 6. Name and Address of Current Registered Agent<br><b>TRACY, CATHERINE L<br/>5900 S. TAMiami TRAIL<br/>SUITE #1<br/>SARASOTA, FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| 9. Election Campaign Financing<br>True: Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |         | \$5.00 May Be Added to Fees                                                                                                             |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>P. HELMIG, THOMAS S</b> <input type="checkbox"/> Delete<br><b>PO BOX 1545</b><br><b>BRADENTON, FL 34270</b> |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>V. PACE, SUSAN G</b> <input type="checkbox"/> Delete<br><b>PO BOX 1545</b><br><b>BRADENTON, FL 34270</b>    |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                |         |                                                                                                                                         |                                                                                   |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |         |                                                                                                                                         |                                                                                   |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that: the information indicated on this report or supplemental reports 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 fee empowered. |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| SIGNATURE: <i>[Signature]</i> <b>04/29/04 9447529980</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |
| SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |         |                                                                                                                                         |                                                                                   |         |