


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90012 045 ***158.75

DOCUMENT # P03000149939			
1. Entity Name GOLD COAST MIRROR & GLASS DESIGN, INC.			
Principal Place of Business 287 S.E. MONTEREY ROAD STUART FL 34994		Mailing Address 287 S.E. MONTEREY ROAD STUART FL 34994	
2. Principal Place of Business - No P.O. Box # 1501 SE Decker Ave Suite, Apt., #, etc. Suite 102 City & State STUART FL Zip 34994 Country USA		3. Mailing Address 1501 SE Decker Ave Suite, Apt., #, etc. Suite 102 City & State STUART FL Zip 34994 Country USA	
6. Name and Address of Current Registered Agent BODEMANN, CHRISTIAN W 3475 S.W. FOREST HILL CT. PALM CITY FL 34990		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P, T BODEMANN, CHRISTIAN W 3475 S.W. FOREST HILL CT. PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Theresa Bodemann 1/23/07 772 221 0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theresa Bodemann Vice President Date _____ Daytime Phone # _____