


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

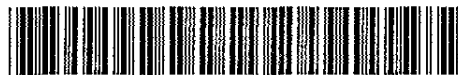
**DOCUMENT # P92000048868**  
**1. Entity Name**  
**GOLD COAST AIR CONDITIONING INC**



<b>Principal Place of Business</b> 2400 NW 16TH LANE POMPANO BCH FL 33064 US	<b>Mailing Address</b> 2400 NW 16 LA POMPANO BEACH FL 33064 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-0393547	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**OLINSKI, GEORGE**  
**101 GREENBRIER B**  
**W PALM BEACH FL 33417**

**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** \_\_\_\_\_ 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	TURNER, JOHN R
<b>STREET ADDRESS</b>	6332 LA COSTA DRIVE SUITE D
<b>CITY - ST - ZIP</b>	BOCA RATON FL
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	OLINSKI, GEORGE E
<b>STREET ADDRESS</b>	101 GREENBRIER B
<b>CITY - ST - ZIP</b>	W PALM BEACH FL 33417
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

U00000037520  Change  Addition  
 02/06/04-80100-024 158.75

**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:** *George Olinski* **GEORGE OLINSKI** *2/6/04* **954 444-6526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #