

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014966

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: GOLD COAST RESTORATION SERVICES, INC.

**Current Principal Place of Business:**

160 ELAINE ROAD  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 19535  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

FEI Number: 65-0111136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORBAN, LEO  
160 ELAINE ROAD  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORBAN, LEO  
Address: 160 ELAINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VPD ( ) Delete  
Name: ORBAN, JEANETTE  
Address: 160 ELAINE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD ( ) Delete  
Name: GREENFIELD, RICHARD  
Address: 5886 GOLDEN EAGLE CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE ORBAN

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date