

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000014966

**FILED**  
**Feb 13, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** J. ORBAN

VP

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date