2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046434

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

6384 NW 66 WAY

ELDER, DAVID A

9364 KETAY CIRCLE

BOCA RATON, FL 33428

VPD

PARKLAND, FL 33067

() Delete

FILED Mar 21, 2005 Secretary of State

Entity Na	me: FLORID	A GOLD COAST MECHANI	CAL, INC.				
Current P	rincipal Plac	e of Business:	New F	New Principal Place of Business:			
6384 NW PARKLAN	66 WAY ID, FL 33067						
Current N	lailing Addre	ss:	New I	New Mailing Address:			
6384 NW PARKLAN	66 WAY ID, FL 33067						
FEI Number	: 65-0499866	FEI Number Applied For ()	FEI Number Not	t Applicable ()	Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent	: Name	Name and Address of New Registered Agent:			
ELDER, D 6384 NW P PARKLAN		US					
	e named entity e of Florida.	submits this statement for t	he purpose of chang	ging its registere	d office or registered agent, or bot	h,	
SIGNATU	RE:						
	Electro	nic Signature of Registered	Agent		Date	_	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (ELDER, DAVII 6384 NW 66 V PARKLAND, F	VAY	Title: Name: Addres: City-St-		() Change () Addition		
Title: Name:	SD (ELDER, ROBE) Delete ERT	Title: Name:	SD ELDER, RO	(X) Change()Addition BERT		

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

383 REDWOOD LANE

ELDER, DAVID A

VPD

BOCA RATON, FL 33487

1437 NEWHAVEN PT LANE

WEST PALM BEACH, FL 33411

(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID W ELDER PD 03/21/2005