

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004759

FILED
Apr 20, 2004
Secretary of State

Entity Name: GULF COAST WHOLESALE, INC.

Current Principal Place of Business:

4000 BEE RIDGE RD
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4000 BEE RIDGE RD
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0544737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDFOGEL, MARCIA L
8632 DOLCE LN
SARASOTA, FL 34238 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: VPS () Delete
Name: WALDFOGEL, MARCIA L
Address: 4594 LAS BRISAS LN
City-St-Zip: SARASOTA, FL 34238

Title: VD () Delete
Name: WALDFOGEL, STANLEY L
Address: 4594 LAS BRISAS LN
City-St-Zip: SARASOTA, FL 34238

Title: PD () Delete
Name: WALDFOGEL, STANLEY L
Address: 4594 LAS BRISAS LN
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change () Addition
Name: WALDFOGEL, MARCIA L
Address: 8632 DOLCE LN
City-St-Zip: SARASOTA, FL 34238

Title: VD (X) Change () Addition
Name: WALDFOGEL, STANLEY L
Address: 8632 DOLCE LN
City-St-Zip: SARASOTA, FL 34238

Title: PD (X) Change () Addition
Name: WALDFOGEL, STANLEY L
Address: 8632 DOLCE
City-St-Zip: SARASOTA, FL 34238

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: MARCIA L WALDFOGEL

Electronic Signature of Signing Officer or Director

V.P.

04/20/2004

_____ Date