

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90046 040 ***150.00

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1. Entity Name

GULF COAST SHARED SERVICES, INC.



Principal Place of Business

710 OAKFIELD DRIVE
BRANDON, FL 33511

Mailing Address

710 OAKFIELD DRIVE
BRANDON, FL 33511

94016411



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3292834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUMACHER, DALE F
3815 N NEBRASKA AVE
TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUMACHER, DALE
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	PD
NAME	WOOD, ARTHUR J
STREET ADDRESS	3710 N 50 STREET
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	PD
NAME	DEMARE, WILLIAM
STREET ADDRESS	2701 W BUSCH BLVD SUITE 200
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE F. SCHUMACHER

2/9/2004 813.385.2377

Date

Daytime Phone #