

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90008 018 \*\*\*150.00

**DOCUMENT # P95000091468**

1. Entity Name

GOLD COAST STAFFING, INC.



Principal Place of Business

1700 SE 15TH CT  
STE 207  
FORT LAUDERDALE FL 3316  
US

Mailing Address

1700 SOUTHEAST 15 STREET, SUITE 207  
FORT LAUDERDALE FL 33316

01000000

2. Principal Place of Business

1700 SE 15TH ST-

Suite, Apt. #, etc.

STE 207

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL-

Zip

33316

Country

US

City & State

Zip

Country

4. FEI Number

65-0621246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WAGGONER, DOUGLAS C  
STREET ADDRESS 1700 SOUTHEAST 15 STREET, SUITE 207  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VD ☐ Delete  
NAME WAGGONER, MICHAEL  
STREET ADDRESS 1700 SOUTHEAST 15 STREET, SUITE 207  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ST ☐ Delete  
NAME WAGGONER, LISA C  
STREET ADDRESS 1700 SOUTHEAST 15 STREET, SUITE 207  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4-1804 954-172-2680