2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000004704

1. Entity Name GULF COAST AUTOMOTIVE SPECIALTIES, INC.

FILED Mar 16, 2004 08:00 AM Secretary of State

Principal Place of Business

107 MOSLEY DRIVE UNIT

LYNN HAVEN, FL 32444

Mailing Address

107 MOSLEY DRIVE

HNIT

DO NOT WRITE IN THIS SPACE

LYNN HAVEN, FL 32444



02102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3361119 Applied Ful Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401

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 NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000089806 03/16/04-80003-022 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, MICHAEL 107 MOSLEY DRIVE UNIT I LYNN HAVEN, FL 32444				
TITLE NAME STREET ADDRESS CHY-SY-ZIP					
TITLE NAME STREET ADDRESS CITY-ST- <i>TIP</i>		DO NOT WRITE			NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST 789					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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					

TUSKU ITED NAME OF SIGNING OFFICER OR DIRECTOR