
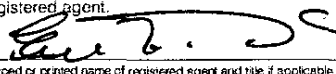
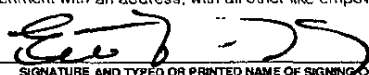


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 008 ***150.00

DOCUMENT # P96000035164 1. Entity Name GULF COAST METAL PRODUCTS, INC.					
Principal Place of Business 6468 S. TEX POINT HOMOSASSA, FL 34448 US			Mailing Address 6468 S. TEX POINT HOMOSASSA, FL 34448 US		
2. Principal Place of Business 7362 W. INDUSTRIAL LANE Suite, Apt. #, etc. HOMOSASSA FL City & State		3. Mailing Address 7362 W. INDUSTRIAL LANE Suite, Apt. #, etc. HOMOSASSA FL City & State			
Zip 34448	Country	Zip 34448	Country	4. FEI Number 59-3372919	
6. Name and Address of Current Registered Agent DONNELLY, EMMETT 2 JUNGLEPLUM COURT E HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6 BIRCHTREE ST HOMOSASSA City FL Zip Code 34446	
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  EMMETT DONNELLY 1.30.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DONNELLY, EMMETT 2 JUNGLEPLUM COURT E HOMOSASSA, FL 34446 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 BIRCHTREE ST HOMOSASSA FL 34446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STOLICKER, SAMUEL J 5 BEVERLY COURT HOMOSASSA, FL 34446 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  EMMETT DONNELLY PRES 1.30.04 628-5555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					