

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jun 10, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000098406

1. Entity Name  
GULF COAST POOL CONSTRUCTION INC.



Principal Place of Business

5910 TAYLOR RD.  
STE 103  
NAPLES, FL 34109 US

Mailing Address

5910 TAYLOR RD.  
STE 103  
NAPLES, FL 34109 US



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number  
59-3427641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, NICHOLAS T  
5910 TAYLOR RD., STE 103  
NAPLES, FL 34109

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 NAME STREET ADDRESS CITY- ST- ZIP	P BAKER, NICHOLAS T 2355 HERITAGE LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SOARES, ALAN J 1770 4TH STREET SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000162363  
06/10/04-80001-008 550.00

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)(f), 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 #