


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000011962 1. Entity Name GULF COAST WINDOWS & SPECIALTIES, INC.	
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Principal Place of Business 1110 PINE ISLAND ROAD #31 CAPE CORAL, FL 33909	Mailing Address 1110 PINE ISLAND ROAD #31 CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0733396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGEL, NORMA Z 1110 PINE ISLAND ROAD #31 CAPE CORAL, FL 33909

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ENGEL, NORMA Z 1110 PINE ISLAND RD, #31 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ENGEL, JOHN A 1110 PINE ISLAND RD, #31 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RAYMOND, MARY F 1110 PINE ISLAND RD, 331 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HARMON, ANNETTE M 1110 PINE ISLAND RD, #31 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/06/04-80048-018 150.00

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: <i>Norma Z Engel President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-2-04 <small>Date</small>	239-482-3406 <small>Daytime Phone #</small>
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