2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016812

Name:

Address:

City-St-Zip:

MOHORN, ABNER

159 SW 5TH STREET

DEERFIELD BEACH, FL 33441

Entity Name: GOLD COAST PLUMBING, INC.

FILED Jan 05, 2005 Secretary of State

Littly Nai	ile. GOLD	COASTFL	JIVIBING, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
159 SW 5TH ST DEERFIELD BEACH, FL 33441					2600 HAMMONDVILLE ROAD SUITE # 22 POMPANO BEACH, FL 33069				
Current Mailing Address:					New Mailing Address:				
159 SW 5TH ST DEERFIELD BEACH, FL 33441					2600 HAMMONDVILLE ROAD SUITE # 22 POMPANO BEACH, FL 33069				
FEI Number:	65-0729930	FEI Nun	nber Applied For()	FEI Num	nber Not Appli	cable ()	Certificate of Statu	ıs Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
159 SW 51 DEERFIEL The above in the State	D BEACH, named ent		US nis statement for the p	ourpose of	f changing it	s registered o	ffice or registered	l agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					Date				
Election Car		ŭ	nd Contribution ().	0110			Date		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	T MOHORN, 3 411 NW 13 POMPANO		3060		Title: Name: Address: City-St-Zip:	T (X) MARSH, JAMES 1475 NW 1ST (BOYNTON BEA	COURT	1	
Title: Name: Address: City-St-Zip:	P MOHORN, F 4896 NW 5 DELRAY BE		45		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	VP	() Delete			Title:	()	Change () Addition	ı	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ABNER MOHORN VP 01/05/2005