

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 012 ***150.00

DOCUMENT # P9700024839

1. Entity Name
GOLDCOAST DIRECT MARKETING, INC.



Principal Place of Business

1052 FOREST LAKES DR
NAPLES, FL 34105

Mailing Address

PO BOX 11181
NAPLES, FL 34101

44004740



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0740621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRUSE, CHARLES O
~~542 PALM CIR W~~ 1052 FOREST LAKES DR
NAPLES, FL ~~34402-5563~~ 34105

**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 P
NAME STRUSE, CHARLES O
STREET ADDRESS 1052 FOREST LAKES DRIVE
CITY-ST-ZIP NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

Date

Daytime Phone #

239-434-2209