


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000064864 1. Entity Name GULF COAST FINANCIAL CORPORATION	
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Principal Place of Business
701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606 US

Mailing Address
701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606 US



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3459635	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIZE, DARREN S
701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606

**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



Managing Partner

3-4-04

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

U00000080075
03/08/04-80094-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIZE, STEVE A
STREET ADDRESS	701 SOUTH HOWARD AVE.; SUITE 203
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	VM
NAME	MIZE, DARREN S
STREET ADDRESS	701 SOUTH HOWARD AVE.; SUITE 203
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	TS
NAME	MICHAEL, KNOX A
STREET ADDRESS	701 SOUTH HOWARD AVE.; SUITE 203
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

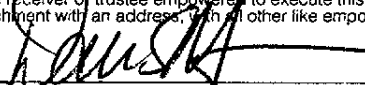
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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

3-4-04

DATE

813-258-1668

DAYTIME PHONE #