## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90204 009 \*\*\*150.00

## DOCUMENT # P97000095996

1. Corporation Name

PLATINUM COAST CUSTOM PAINTING, INC.

						<del> </del>					18148   Ball 4881
Principal Place of Business Mailing Address											
695 REGATTA ROAD 695 REGATTA ROAD											
NAPLES FL 34103			NAPLES FL 34103				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or	Qualifed			
							11/07/1997				\
2 Principal PI	ace of Business	2a N	Mailing Address			4. FEI Number			A	pplied For	
2. Trincipal Flace of Dusiness			26				65-0800064			N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			7				5. Certifcate of Status	Jesirea		Fee R	equired
City & State			City & State				6. Election Campaign f	inancing			May Be
23			28				Trust Fund Contribu	ion		Added	to Fees
Zip Country			Zip Country				8. This corporation own		ant year Inta		
24	25	29		30			Personal Property T			Yes	□No
	9. Name and Address of Curr	ent Registe	red Agent		124		10. Name and Address	of New R	egistered /	Agent	
CEC.	CUADT DANIEL				81	Name	Anne-ausci	raid	et		
Geschart, Daniel 695 Regatta Road						Street Addr	ess (P.O. Box Number is N	ot Accepta	ble)		
	LES FL 34103					64	5 Regulta	100			
INAPI	LES FL 34103				83		0				
					84	City	7 (		FI	85 Zip	Code 4/03
			<del></del>		L		Daples PC		<u>FL</u>		
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Star	le of Florida	Such change was	authorized	αovι	i-named corp the corporation	oration submits this statem on's board of directors. I he	ent for the reby accep	purpose or	ntment as re	egistered
agent. I a	m familiar with and accept the obli	gations of, S	section 607,0505, FI	lorida Stat	utes.	1 1	<b>~</b>	d	20,00		
SIGNATURE	-4/		Anne	_ Qes	eh	andt	- Directur	<u> </u>	0ATE		}
	Signature, typed of printed name of egistered a			E: Registered		signature require	d when reinstating) ADDITIONS/CHANG	S TO OF		D DIRECT	ORS IN 12
12.	D OFFICERS /	AND DIREC	DELETE	1.1 TI			ADDITIONO/GIVANO		100.107	Change	☐ Addition
TITLE	GESCHARDT, DANIEL			1.2 N		-					1
NAME	695 REGATTA ROAD				1.3 STREET ADDRESS						Į
STREET ADDRESS	NAPLES FL 34103			1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	D		☐ DELETE		2.1 TITLE					Change	☐ Addition
NAME	GESCHARDT, ANNE			2.2 N							ĺ
STREET ADDRESS	695 REGATTA ROAD					ADDRESS					ļ
	NAPLES FL 34103			- 1	CITY-S1	1					./
CITY-ST-ZIP TITLE	100 220 12 01100	_	☐ DELETE	31 TI			Vice President			Change	iX Addition
NAME				3.2 N	AME		Dannel S. C. 695 Regultarko	منع			/
STREET ADDRESS				3.3 S	TREET	ADDRESS	695 Regutta Ro	nd o			ľ
CITY-ST-ZIP				3.4. 0	CITY-S1		Naples, Fr	34108	<u></u>		
TITLE			☐ DELETE	4.1 TI	ITLE		1		_	Change	☐ Addition
NAME				4 2 1	NAME						}
STREET ADDRESS				4.3 S	TREET	ADDRESS					}
CITY-ST-ZIP				4.4 C	ITY-ST	-ZIP					
TITLE			☐ DELETE	5.1 T	ITLE					☐ Change	. Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS					Į
CITY-ST-ZIP					ITY-ST	r-ZIP					
TITLE			☐ DELETE	6.1 T			_			Change	Addition
NAME				6.2 N	AME						
STREET ADDRESS				6.3 \$	TREET	ADDRESS					Y

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP