

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91206 030 \*\*\*158.75

**DOCUMENT # P97000095996**

1. Entity Name

PLATINUM COAST CUSTOM PAINTING, INC.



Principal Place of Business

3435 ENTREPRISE AVE  
UNIT 48  
NAPLES FL 34104

Mailing Address

3435 ENTREPRISE AVE  
UNIT 48  
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GESCHARDT, ANNE  
3435 ENTREPRISE AVE  
NAPLES FL 34104

Name

GESCHARDT, DANIEL

Street Address (P.O. Box Number is Not Acceptable)

3435 ENTERPRISE AVE. #48

City

NAPLES

FL

Zip Code

34104

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]*

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GESCHARDT, DANIEL  
STREET ADDRESS 3435 ENTERPRISE AVE, UNIT 48  
CITY-ST-ZIP NAPLES FL 34104

TITLE VP ☐ Change ☒ Addition  
NAME PAULA M. BROCK  
STREET ADDRESS 3435 ENTERPRISE AVE., UNIT 48  
CITY-ST-ZIP NAPLES, FL 34104

TITLE D ☒ Delete  
NAME GESCHARDT, ANNE  
STREET ADDRESS 3435 ENTERPRISE AVE, UNIT 48  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME CRAIG, DANIEL S  
STREET ADDRESS 3435 ENTERPRISE AVE, UNIT 48  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

(239) 435-7771

Daytime Phone #