


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90030 034 \*\*\*150.00

**DOCUMENT # P97000105237**

1. Entity Name  
**GULF COAST INSPECTION SERVICES, INC.**



Principal Place of Business: **17737 LONG POINT DR  
 REDINGTON SHORES, FL 33708**

Mailing Address: **17737 LONG POINT DR  
 REDINGTON SHORES, FL 33708**

94051417



03312004 No Chg-P : CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3485971** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIMMER, STEVEN P  
 17737 LONG POINT DRIVE  
 REDINGTON SHORES, FL 33708**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>
NAME	<b>ZIMMER, STEVEN P</b>
STREET ADDRESS	<b>17737 LONG POINT DRIVE</b>
CITY-ST-ZIP	<b>REDINGTON SHORES, FL 33708</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **Steve Zimmer** **4/8/04** **727 398 3914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #