


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000028743

1. Entity Name
GOLD COAST ENGINEERING CONSULTANTS, INC.



Principal Place of Business Mailing Address
7480 FAIRWAY DRIVE SUITE 205 **7480 FAIRWAY DRIVE SUITE 205**
MIAMI LAKES, FL 33014 **MIAMI LAKES, FL 33014**

2. Principal Place of Business 3. Mailing Address

Suite Apt #, etc Suite Apt #, etc

City & State City & State

Zip Country Zip Country



03232005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0825552 Not Applicable

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

6. Name and Address of Current Registered Agent

SEILER, GEORGE
7480 FAIRWAY DRIVE SUITE 205
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: _____
(Print or type the full name of the registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering).)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEILER, GEORGE R	
STREET ADDRESS	7480 FAIRWAY DRIVE SUITE 205	
CITY ST ZIP	MIAMI LAKES, FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEILER, KATHALEEN C	
STREET ADDRESS	7480 FAIRWAY DRIVE, SUITE 205	
CITY ST ZIP	MIAMI LAKES, FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEILER, CHRISTINE K	
STREET ADDRESS	7480 FAIRWAY DR SUITE 205	
CITY ST ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000276662	
CITY ST ZIP	03/25/05-80049-004 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Kathaleen C. Seiler* *March 23, 2005* *305-892-9533*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KATHALEEN C. SEILER / VP