


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Date: March 23, 2005 Daytime Phone #: 305-892-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR