


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000039319**  
 1. Entity Name  
**GULF COAST DEVELOPERS, INC.**



Principal Place of Business  
**3300 SUNSET KEY CIRCLE**  
**PUNTA GORDA, FL 33955**

Mailing Address  
**P. O. BOX 511748**  
**PUNTA GORDA, FL 33951-1748**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0832044</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, JAMES E III**  
**1625 W MARION AVE STE 2**  
**PUNTA GORDA, FL 33950**

**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

00000023391  
 02/02/04-80024-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKHOFF, WILLIAM D 3297 SUNSET KEY CIR PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKHOFF, LINDA K 3297 SUNSET KEY CIR PUNTA GORDA, FL 33955
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *William D Eckhoff* **01-27-2004** **941-639-0888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #