

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90098 022 \*\*\*150.00

<b>DOCUMENT # P98000079762</b> 1. Entity Name <b>GOLD COAST COMMERCIAL CLEANING, INC.</b>			
Principal Place of Business <b>77 EMERALD WOODS NAPLES, FL 34108</b>		Mailing Address <b>77 EMERALD WOODS NAPLES, FL 34108</b>	
2. Principal Place of Business <b>7502 San Gabriel Ln</b>		3. Mailing Address <b>7502 San Gabriel Ln</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34109</b> Country		Zip <b>34109</b> Country	
4. FEI Number <b>59-3532838</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHMUCK, PETER S 77 EMERALD WOODS NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name <b>Peter S Schmuck</b> Street Address (P.O. Box Number is Not Acceptable) <b>7502 San Gabriel Lane</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b>	
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 <b>Peter S Schmuck</b> DATE <b>4-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHMUCK, PETER S 77 EMERALD WOODS NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter S Schmuck 7502 San Gabriel Lane Naples, FL 34109</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Peter S Schmuck</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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