

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90026 039 \*\*\*158.75

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| <b>DOCUMENT # P98000100102</b>                       |  |
| 1. Entity Name<br>GULF COAST HOME IMPROVEMENTS, INC. |  |

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| Principal Place of Business<br>5455 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 | Mailing Address<br>5455 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 |
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| 2. Principal Place of Business<br>5455 Springhill Dr | 3. Mailing Address<br>5455 Springhill Dr |
| Suite, Apt. #, etc.                                  | Suite, Apt. #, etc.                      |

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>Springhill FL | City & State<br>Springhill FL |
| Zip<br>34606                  | Country<br>USA                |

|  |                                |
|--|--------------------------------|
| 01272004 Chg-P CR2E034 (10/03)                                       |                                |
| 4. FEI Number<br>65-0883527<br>NOT APPLICABLE                        | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|--|
| 6. Name and Address of Current Registered Agent<br>MAGLIONE, RAYMOND A<br>10091 CARA STREET<br>SPRING HILL, FL 34606 |  |
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|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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|---|------|
| 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 |

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| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RSD<br>MAGLIONE, RAYMOND A<br>10091 CARA STREET<br>SPRING HILL, FL 34608 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CAFARO, ANTHONY<br>3173 HARROW RD<br>SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: <i>Raymond A. Maglione Sr.</i><br>PRESIDENT  | Date: 1/30/04 352 684-8930<br>Daytime Phone # |