

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 19, 2004 8:00 am  
Secretary of State**

07-19-2004 90005 016 \*\*\*150.00

**DOCUMENT # P99000014123**

1. Entity Name  
GULF COAST PRECISION ENTERPRISES, INC.



Principal Place of Business  
425 WEST GRACE STREET  
PUNTA GORDA, FL 33950

Mailing Address  
425 WEST GRACE STREET  
PUNTA GORDA, FL 33950

**34063185**

**DO NOT WRITE IN THIS SPACE**

07152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0901371</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**

MASSA, MARIO G  
425 WEST GRACE STREET  
PUNTA GORDA, FL 33950

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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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WRIGHT, SCOTT L  
STREET ADDRESS 11258 6TH AVENUE  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE D  
NAME MASSA, MARIO G  
STREET ADDRESS 425 W. GRACE STREET  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D  
NAME STEWART, MARK  
STREET ADDRESS 23509 HAROLD AVE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** *Mark Massa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04 (94) 628-6116  
Date Daytime Phone #