

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-09-2004 90060 009 \*\*\*158.75

**DOCUMENT # P99000030447**

1. Entity Name

GULF COAST HOSPITALITY INDUSTRIES, INC.



Principal Place of Business

4425 DORANDO DRIVE  
NAPLES FL 34103

Mailing Address

4425 DORANDO DRIVE  
NAPLES FL 34103

04020042



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5051 Cactello Dr  
Suite, Apt. #, etc. # 30

3. Mailing Address

5051 Cactello Dr  
Suite, Apt. #, etc. # 30

City & State

NAPLES, FL.

City & State

NAPLES, FL

4. FEI Number

65-0910817

Applied For

Not Applicable

Zip

34103

Country

Zip

34103

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIKONOV, SERGEI  
4425 DORANDO DRIVE  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name - SERGEI NIKONOV  
Street Address (P.O. Box Number is Not Acceptable)  
5051 Cactello Dr  
City NAPLES FL Zip Code 34103

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NIKONOV, SERGEI	
STREET ADDRESS	4425 DORANDO DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NIKONOV, IRINA	
STREET ADDRESS	4425 DORANDO DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input type="checkbox"/> Delete
NAME	FACCONE, GEORGE	
STREET ADDRESS	5051 CACTELLO DRIVE #30	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIKONOV, Sergei	
STREET ADDRESS	5051 Cactello Dr #30	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIKONOVA, IRINA	
STREET ADDRESS	5051 Cactello Dr #30	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. J. H. - Sergei NIKONOV 04.03.04 - 403-7300  
T. 239-