2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Wright, President

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # P99000044431 1. Entity Name -03-22-2004 90086 026 ***150.00 GULFCOAST DOOR & GLASS, INC. Principal Place of Business Mailing Address 1228-A-VISCAYA-PARKWAY-1228 A-VISCAYA-PARKWAY 14000625 CAPE CORAL-FL-33990 CAPE-CORAL-FL-33990-3. Mailing Address 2. Principal Place of Business 902 S.E. 9th Terrace 902 S.E. 9th Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0919010 Cape Coral, FL Cape Coral, FL Not Applicable Country U.S Zip Country \$8.75 Additional 5. Certificate of Status Desired 33990 Α. 33990 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wright, John WRIGHT, JOHN Street Address (P.O. Box Number is Not Acceptable) 902 S.E. 9th Terrace -1228-A-VISCAYA-PARKWAY GAPE CORAL FL 33990 Cape Coral Zip£3990 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. John Wright, President 3/17/04 3/17/04 SIGNATURE Signature, typed or printed name of registered agent and title if a → FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD DP TITLE Change ☐ Delete TITLE ☐ Addition WRIGHT, JOHN Wright, John NAME NAME 902 S.E. 9th Terrace Cape Coral, FL 33990 STREET ADDRESS 1228-A-VISCAYA- STREET ADDRESS CAPE-CORAL FL-33990-CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition LINDSTROM, PAUL H-NAME NAME STREET ADDRESS 1228-A VISCAYA PARKWAY-STREET ADDRESS CAPE-CORAL-FL-93990 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

3/17/04