

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000047562**

1. Entity Name

GULF COAST SERVICES OF FLORIDA, CORP.



Principal Place of Business

17274 SAN CARLOS BLVD  
208 + 209  
FT. MYERS BEACH FL 33931

Mailing Address

17274 SAN CARLOS BLVD  
208 + 209  
FT. MYERS BEACH FL 33931

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0921417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALUN, GERHARD  
17274 SAN CARLOS BLVD 208+209  
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
GALUN, GERHARD  
17274 SAN CARLOS BLVD, STE. 208/209  
FT. MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPSD  
GALUN, VERONIKA  
17274 SAN CARLOS BLVD, STE. 208/209  
FT. MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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02/13/04-80036-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerhard Galun

02.10.04

239 437 8664

Date

Daytime Phone #