

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91048 018 ***158.75

DOCUMENT # P99000060457

1. Entity Name

GULF COAST SURVEY SUPPLY, INC.



Principal Place of Business

1317 SE 32ND TERRACE
CAPE CORAL FL 33904

Mailing Address

1317 SE 32ND TERRACE
CAPE CORAL FL 33904

2. Principal Place of Business

Suite 29

Suite, Apt. #, etc.

Ft Myers, Florida

City & State

Zip

33912

Country

USA

3. Mailing Address

11220 Metro Pkwy

Suite, Apt. #, etc.

Suite 29

City & State

Ft. Myers, Florida

Zip

33912

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0934173

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRWIN, JUDY A
1317 SE 32ND TERRACE
CAPE CORAL FL 33904

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

Judy A. IRWIN President-Owner

4-22-04

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	P	<input type="checkbox"/> Delete
NAME	IRWIN, JUDY	
STREET ADDRESS	1317 SE 32ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input type="checkbox"/> Delete
NAME	IRWIN, JAY	
STREET ADDRESS	1317 SE 32ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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

Judy A. IRWIN Judy A. IRWIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

Daytime Phone #

239-275-4050