


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000069046	
1. Entity Name GOLD COAST RECYCLERS, INC.	

Principal Place of Business P O BOX 1297 EUSTIS, FL 32727-1297	Mailing Address P O BOX 1297 EUSTIS, FL 32727-1297
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3593725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROOK, HARRY C 706 LAKE GRACIE DR EUSTIS, FL 32726
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**DO NOT WRITE
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: *Harry C. Crook* DATE: 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	VP CROOK, HARRY C 706 LAKE GRACIE DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROOK, BOBBIE 706 LAKE GRACIE DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TREVES, JOANNA 2706 GABLES DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/04-80201-003 150.00

**DO NOT WRITE
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)(f), 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: *Harry C. Crook* *Harriet C. Crook* DATE: 4/28/04 DAYTIME PHONE #: 352-516-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR