
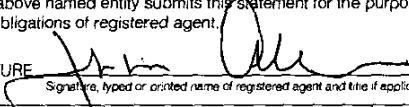
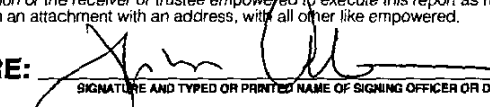


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90116 027 ***150.00

DOCUMENT # P99000102983 1. Entity Name GULF COAST HOME BUYERS, INC.					
Principal Place of Business 6000 RICHARD PL SARASOTA, FL 34231			Mailing Address 2863 GULF GATE BLVD. SARASOTA, FL 34231		
2. Principal Place of Business 3331 ROWENA ST. Suite, Apt. #, etc.		3. Mailing Address 3412 Clark Rd Suite, Apt. #, etc. # 133			
City & State SARASOTA FL.		City & State SARASOTA FL		4. FEI Number 65-0973067	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDER, JOHN M 6000 RICHARD PL SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name John M. Alexander Street Address (P.O. Box Number is Not Acceptable) 3331 Rowena St. City Sarasota FL Zip Code 34231		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		John M. Alexander <small>(NOTE: Registered Agent signature required when reinstating)</small>		7-2-04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, JOHN M 2863 GULF GATE BLVD. SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN M. ALEXANDER 3331 ROWENA ST. SARASOTA FL 34231
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		John M. Alexander		7-2-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	