

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79904

FILED  
Aug 09, 2004  
Secretary of State

Entity Name: LAUNCH COAST SERVICES, INC.

**Current Principal Place of Business:**

8505 BALTIOMRE AVE  
COLLEGE PARK, MD 20740 US

**New Principal Place of Business:**

**Current Mailing Address:**

8505 BALTIOMRE AVE  
COLLEGE PARK, MD 20740 US

**New Mailing Address:**

FEI Number: 59-3108305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COWART, J. KIMZIE  
3230 BUCKINGHAM LANE  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DAVIS, GLORIA JEAN  
Address: 8505 BALTIOMRE AVE  
City-St-Zip: COLLEGE PARK, MD 20740 US

Title: S (X) Delete  
Name: DORSEY, DRINA A  
Address: 8505 BALTIOMRE AVE  
City-St-Zip: COLLEGE PARK, MD 20740 US

Title: D ( ) Delete  
Name: COTTON, RAYMOND  
Address: 8505 BALTIOMRE AVE  
City-St-Zip: COLLEGE PARK, MD 20740 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA J DAVIS

PT

08/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date