


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 571022

1. Entity Name
GULF COAST ELECTRIC MOTOR SERVICE, INC.



Principal Place of Business Mailing Address

3810 HOPKINS ST. PO BOX 1322
 PENSACOLA, FL 32596-5223 PENSACOLA, FL 32591-1322



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1811671 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HIGINIO
3032 KNOTTY PINE
PENSACOLA, FL 32505

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	STD RODRIGUEZ, SUSANA 3032 KNOTTY PINE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HIGINIO 3032 KNOTTY PINE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, HIGINIO III 1432 NICKLAUS LN. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MOISES 519 E. MALLORY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, VICTOR 325 MIRABELLE DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000394757
 01/17/06-80028-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Higinio Rodriguez Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR