


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 030 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03142007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
RODRIGUEZ, HIGINIO 3032 KNOTTY PINE PENSACOLA, FL 32505	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 _____ DATE _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, SUSANA			NAME			
STREET ADDRESS	3032 KNOTTY PINE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, HIGINIO			NAME			
STREET ADDRESS	3032 KNOTTY PINE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, HIGINIO III			NAME			
STREET ADDRESS	1432 NICKLAUS LN.			STREET ADDRESS			
CITY-ST-ZIP	MILTON, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MOISES			NAME			
STREET ADDRESS	519 E. MALLORY			STREET ADDRESS	2901 N. 19th Avenue		
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	Pensacola, FL 32503		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, VICTOR			NAME			
STREET ADDRESS	325 MIRABELLE DR.			STREET ADDRESS	1805 Sandra Drive		
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP	Pensacola, FL 32506		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Higinio Rodriguez **Higinio Rodriguez** **3-14-07** **850-433-5134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #