

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # 571022**  
1. Entity Name  
**GULF COAST ELECTRIC MOTOR SERVICE, INC.**

Principal Place of Business <b>3810 HOPKINS ST. PENSACOLA, FL 32596-5223</b>	Mailing Address <b>3810 HOPKINS ST. PENSACOLA, FL 32596-5223</b>
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01162008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-1811671</b>	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

U00000788593  
01/18/08-80047-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	RODRIGUEZ, SUSANA
STREET ADDRESS	3032 KNOTTY PINE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	PD
NAME	RODRIGUEZ, HIGINIO
STREET ADDRESS	3032 KNOTTY PINE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	VD
NAME	RODRIGUEZ, HIGINIO III
STREET ADDRESS	1432 NICKLAUS LN.
CITY-ST-ZIP	MILTON, FL
TITLE	VD
NAME	RODRIGUEZ, MOISES
STREET ADDRESS	2901 N 19TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	RODRIGUEZ, VICTOR
STREET ADDRESS	1805 SANDRA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**SIGNATURE:** Susana Rodriguez 1-16-08 830 433-5134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #