

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 812556**

1. Entry Name  
**GULF COAST MARINE SUPPLY COMPANY**



Principal Place of Business      Mailing Address

**501 STIMRAD ROAD**      **P.O. BOX 2088**  
**P.O. DRAWER "K"**      **MOBILE AL 36652**  
**MOBILE AL 36601**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**MOSTELLAR, JOHN JR**  
**7885 PENSACOLA BLVD**  
**PENSACOLA FL 32504**

4. FEI Number      Applied For

**63-0089650**       Not Applicable

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

    

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	MOSTELLAR, MARVIN, JR.	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSTELLAR, JOHN T.	
STREET ADDRESS	501 STIMRD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOSTELLAR, JAMES C.	
STREET ADDRESS	501 STIMRAD ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANFORD, GORDON V.	
STREET ADDRESS	501 STIMRAD RD	
CITY - ST - ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000219323  
 02/08/05-80025-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 T. MOSTELLAR** 1/19/05 251-452-806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #