

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026263

FILED  
Feb 10, 2005  
Secretary of State

Entity Name: GULFCOAST CYPRESS CENTER, INC.

**Current Principal Place of Business:**

2960 IMMOKALEE ROAD, BUILDING A  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

2960 IMMOKALEE ROAD, BUILDING A  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 20-0835930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORNBACH, KIM C ESQ.  
5455 JAEGER ROAD, SUITE B  
NAPLES, FL 341095805 US

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

HOWELL, BRIAN  
2960 IMMOKALEE ROAD  
NAPLES, FL 34110 US

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: BRIAN HOWELL

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD ( ) Change (X) Addition  
Name: HOWELL, BRIAN  
Address: 2960 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110 US

Title: VPD ( ) Change (X) Addition  
Name: MOLA, DAVID  
Address: 2960 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110 US

Title: SD ( ) Change (X) Addition  
Name: MCVICKER, KEVIN  
Address: 2960 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110 US

Title: TD ( ) Change (X) Addition  
Name: JOHNS, RANDY  
Address: 2960 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110 US

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: BRIAN HOWELL

PD

02/10/2005

Electronic Signature of Signing Officer or Director

Date