2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2006 8:00 am Secretary of State DOCUMENT # P05000087284 09-06-2006 90040 044 ***150.00 GULF COAST DOCUMENT SOLUTIONS INC. Principal Place of Business Mailing Address 10307 MEADOW CROSSING DR 10307 MEADOW CROSSING DR TAMPA, FL 33647 TAMPA, FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08222006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINER, WILFORD U Street Address (P.O. Box Number is Not Acceptable) 10307 MEADOW CROSSING DR TAMPA, FL 33647 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEÈ IS \$550.00 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MINER: WILFORD U NAME 10307-MEADOW CROSSING DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 of 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 yin an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

G OFFICER OR DIRECTO

☐ Delete

FILED

☐ Change

☐ Addition



ATTACHMENT

40103157 #105 000087384

YOUR DOCUMENT SIGNING SOLUTIONS

Notary Public

10307 Meadow Crossing Dr. Tampa, FL 33647 Bus (813) 476-0554 Fax (813) 994-3159 Gulfcoastdocsol@aol.com

8/28/06

ATTN: DIVISION of Corporations
To Whom it May Concern;

I had NO KNOWLEDGE of the
ANNUAL REPORT BEING DUE. I NEVER RECLEVED NOTICE. This is my first year IN
BUSINESS. This WILL NEVER HAPPEN ACAIN NEW
that I AM AWARE of the Report, the
Reporting Process AND WHEN IT IS DUE.

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