


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000071371
1. Entity Name
GULF COAST BUILDING ASSOCIATION, INC.



Principal Place of Business: 3838 TAMiami TRAIL NORTH SUITE 410 NAPLES, FL 34103 US
Mailing Address: 1250 TAMiami TRAIL STE 101 NAPLES, FL 34102 US



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0614484 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MINER, BRUCE E
CAMERON REAL ESTATE SERVICES, INC.
1250 TAMiami TRAIL NORTH, STE 101
NAPLES, FL 34102

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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: _____ (NOTE: Registered Agent signature required when reinstating)
DATE: 08/08/05-80002-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	BREEN, DOROTHY
STREET ADDRESS	3838 TAMiami TRAIL NO STE 315
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DP
NAME	MILLER, PATRICK
STREET ADDRESS	3838 TAMiami TR NO 2ND FL
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DS
NAME	FELDEN, VICTORIA
STREET ADDRESS	3838 TAMiami TRAIL NORTH SUITE 415
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	KLOHN, WILLIAM
STREET ADDRESS	2180 IMMOKALEE RD, #308
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DVP
NAME	TIMMINS, CRAIG
STREET ADDRESS	3838 TAMiami TRAIL N STE 401
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Patrick Miller President* 7/27/05 239403-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #