


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 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**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000521995
05/03/06-80012-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Patrick Miller Pres* 3/30/06 239-403-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #