


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 025 ***150.00

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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
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40107540



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0614484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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 <i>BARRY HOWES</i> 3838 TAMIAMI TRAIL NO STE 335 #200 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 <i>BREEN, DOROTHY</i> <i>3838 Tamiami Trail N.#315</i> 3838 TAMIAMI TRAIL NORTH SUITE 415 NAPLES, FL 34103 <i>NAPLES, FL 34102</i>
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	

**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:  **4/27/07** **289-403-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #