2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000071371

1. Entity Name

GULF COAST BUILDING ASSOCIATION, INC.



FILED Apr 10, 2008 08:00 A Secretary of State

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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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0614484

01112008

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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NAPLES, FL 34102				IN THIS SPACE		
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-natating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			UQQQQQ890034	
10.	OFFICERS AND DIRECTORS				* U4722708-80078-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DT NOLES, BARRY 3838 TAMIAMI TRAIL N. STE #200 NAPLES, FL 34103 DP MILLER, PATRICK 3838 TAMIAMI TR NO 2ND FL NAPLES, FL 34103 DS BREEN, DOROTHY 3838 TAMIAMI TRAIL N. #315 NAPLES, FL 34102			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOHN, WILLIAM 2180 IMMOKALEE RD, #308 NAPLES, FL 34110			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TIMMINS, CRAIG 3838 TAMIAMI TRAIL N STE 401 NAPLES, FL 34103					
TITLE ' : '	The state of the transfer of the production of the state			f = f(x) + f(x)		

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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. MILLER 4/2/08

403-5104

Davime Phone #