

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 270383

FILED
Apr 28, 2006
Secretary of State

Entity Name: GULF COAST AUTO SUPPLY INC

Current Principal Place of Business:

165 FAIRFIELD AVE.
JOHNSTOWN, PA 15906

New Principal Place of Business:

165 FAIRFIELD AVE
JOHNSTOWN, FL 15901

Current Mailing Address:

165 FAIRFIELD AVE.
JOHNSTOWN, PA 15906

New Mailing Address:

165 FAIRFIELD AVE
JOHNSTOWN, FL 15901

FEI Number: 25-1876611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACY, WILLIAM
2320 BEE RIDGE RD.
LOT 146 A
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

MACY, WILLIAM
2320 BEE RIDGE RD
SARASOTA, FL 34239 US

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.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MACY, WILLIAM
Address: 2320 BEE RIDGE RD.
City-St-Zip: SARASOTA, FL 34239

Title: STD () Delete
Name: SHILEY, STANLEY
Address: 165 FAIRFIELD AVE
City-St-Zip: JOHNSTOWN, PA

Title: VP () Delete
Name: SZEWCZYK, LINDA J
Address: 305 FRANKLIN STREET
City-St-Zip: JOHNSTOWN, PA 15901

Title: PD () Delete
Name: GRAHAM, MICHELLE R
Address: 305 FRANKLIN ST.
City-St-Zip: JOHNSTOWN, PA 15901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHILEY, STANLEY
Address: 165 FAIRFIELD AVE
City-St-Zip: JOHNSTOWN, FL 15901

Title: DV (X) Change () Addition
Name: GRAHAM, MICHELLE R
Address: 305 FRANKLIN ST
City-St-Zip: JOHNSTOWN, PA 15901

Title: DST (X) Change () Addition
Name: SZEWCZYK, LINDA J
Address: 305 FRANKLIN ST
City-St-Zip: JOHNSTOWN, PA 15901

Title: V (X) Change () Addition
Name: MACY, WILLIAM
Address: 2320 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY SHILEY

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date