


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 296792</b> 1. Entity Name GULF COAST TRAFFIC ENGINEERS, INC.	
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Principal Place of Business 8203 KIPLING ST PO BOX 10625 PENSACOLA, FL 32524-7625	Mailing Address 8203 KIPLING ST PO BOX 10625 PENSACOLA, FL 32524-7625
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1104811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CROOKE, BLAIR S 4555 MENEWA PATH PENSACOLA, FL 32504
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**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  **BLAIR S. CROOKE** **PRESIDENT** **01/06/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	P CROOKE, BLAIR S 740 PEAKES POINT DR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RETFERFORD, CATHERN E 4048 EMBERS LANDING PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOK, DAVID E. 116 FAWNWOOD DR. PACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ENDERSON, JOEL E. 449 MAN O'WAR CIRCLE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CROOKE, CHRISTOPHER E 2610 TAMBRIDGE CIR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000381981  
01/11/06-80077-016 150.00

**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:  **CATHERN E. RETHERFORD** **SECRETARY-TREAS** **96 JAN 2006** **850-478-7066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #