

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-08-2007 90241 014 ***150.00

DOCUMENT # 296792

1. Entity Name
GULF COAST TRAFFIC ENGINEERS, INC.



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**

60000462



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1104811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROOKE, BLAIR S
4555 MENEWA PATH
PENSACOLA, FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)
740 PEAKES POINT DR

City **GULF BREEZE**

FL

Zip Code
32561

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

BLAIR S. CROOKE PRESIDENT

01/04/07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CROOKE, BLAIR S**
STREET ADDRESS **740 PEAKES POINT DR**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **RETFERFORD, CATHERN E**
STREET ADDRESS **4048 EMBERS LANDING**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COOK, DAVID E.**
STREET ADDRESS **116 FAWNWOOD DR.**
CITY-ST-ZIP **PACE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ENDERSON, JOEL E.**
STREET ADDRESS **449 MAN O'WAR CIRCLE**
CITY-ST-ZIP **CANTONMENT, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CROOKE, CHRISTOPHER E**
STREET ADDRESS **2610 TAMBRIDGE CIR**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Catherne E. Retterford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CATHERN E. RETTERFORD
SECRETARY-TREAS**

04 JAN 2007 850-478-7066

Date

Daytime Phone #