

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90024 006 ***150.00

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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

DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

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

CROOKE, BLAIR S
740 PEAKES POINT DR
GULF BREEZE, FL 32561

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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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ST
NAME RETHERFORD, CATHERN E
STREET ADDRESS 4048 EMBERS LANDING
CITY-ST-ZIP PENSACOLA, FL 32505

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Catherin E Retherford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERN E. RETHERFORD
SECRETARY - TREAS

25 JAN 2008 850-478-7066

Date

Daytime Phone #