

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296792

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: GULF COAST TRAFFIC ENGINEERS, INC.

## Current Principal Place of Business:

8203 KIPLING ST  
PO BOX 10625  
PENSACOLA, FL 325247625

## New Principal Place of Business:

8203 KIPLING ST  
PENSACOLA, FL 32514

## Current Mailing Address:

8203 KIPLING ST  
PO BOX 10625  
PENSACOLA, FL 325247625

## New Mailing Address:

PO BOX 10625  
PENSACOLA, FL 32524

FEI Number: 59-1104811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CROOKE, BLAIR S  
Address: 740 PEAKES POINT DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: ST ( ) Delete  
Name: RETHERFORD, CATHERN E  
Address: 4048 EMBERS LANDING  
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Delete  
Name: COOK, DAVID E.,  
Address: 116 FAWNWOOD DR.  
City-St-Zip: PACE, FL

Title: VP ( ) Delete  
Name: ENDERSON, JOEL E.,  
Address: 449 MAN O'WAR CIRCLE  
City-St-Zip: CANTONMENT, FL

Title: VD ( ) Delete  
Name: CROOKE, CHRISTOPHER, E  
Address: 2610 TAMBRIDGE CIR  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COOK, DAVID E.,  
Address: 116 FAWNWOOD DR.  
City-St-Zip: PACE, FL 32571

Title: VP (X) Change ( ) Addition  
Name: ENDERSON, JOEL E.,  
Address: 449 MAN O'WAR CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CATHERN E. RETHERFORD

ST

01/21/2009

Electronic Signature of Signing Officer or Director

Date