

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376150

FILED
Feb 11, 2009
Secretary of State

Entity Name: GULF COAST LIFT TRUCK COMPANY, INC.

Current Principal Place of Business:

3807 15TH AVE
TAMPA, FL 33675

New Principal Place of Business:

Current Mailing Address:

PO BOX 76033
TAMPA, FL 33675 US

New Mailing Address:

FEI Number: 59-1312362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, BELINDA
3807 E. 15TH AVENUE
TAMPA, FL 33605 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: VP () Delete
Name: ADAMS, BELINDA
Address: 3807 E. 15TH AVENUE
City-St-Zip: TAMPA, FL 33605 US

Title: TRE () Delete
Name: ADAMS, WILLIAM G JR
Address: 3807 E. 15TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: ADAMS, WILLIAM G JR
Address: 3807 E. 15TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: TRE () Change (X) Addition
Name: QUINONES, SANDRA
Address: 3807 E. 15TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: SEC () Change (X) Addition
Name: ADAMS, CHRISTINA
Address: 3807 E. 15TH AVE
City-St-Zip: TAMPA, FL 33605

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: BELINDA ADAMS

VP

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date