

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520742

FILED
Apr 10, 2009
Secretary of State

Entity Name: GULF COAST TESTING LABORATORY, INC.

Current Principal Place of Business:

5745 PARK BLVD (33781)
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5745 PARK BLVD (33781)
PO BOX 6
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 59-1711480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, RICK L
5745 PARK BLVD
PINELLAS PARK, FL 33781 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: D () Delete
Name: GOEL, RAM A DR
Address: 16306 DOUNE COURT
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: DAVIS, RICK L
Address: 5745 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: GALVEZ, ANTHONY
Address: 204 S WARD STREET
City-St-Zip: TAMPA, FL 33609

Title: ST () Delete
Name: DAVIS, JULIANNE
Address: 8069 81ST WAY
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RICK L. DAVIS

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date