

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535559

FILED
Apr 27, 2005
Secretary of State

Entity Name: GULF COAST DISTRIBUTORS, INC.

Current Principal Place of Business:

22031 US 19 N.
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

22031 U.S. 19 N.
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1739528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOCE, GEORGE JR
1909 PINE TREE LANE
LARGO, FL 33770 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: PS () Delete
Name: LENOCE, GEORGE J
Address: 2367 HAZELWOOD LANE
City-St-Zip: CLEARWATER, FL 33763

Title: VT () Delete
Name: BARRETT, LINDA
Address: 2420 SABER CT
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LENOCE, GEORGE J
Address: 2367 HAZELWOOD LANE
City-St-Zip: CLEARWATER, FL 33763

Title: VST (X) Change () Addition
Name: BARRETT, LINDA
Address: 2420 SABER CT
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA BARRETT

VST

04/27/2005

Electronic Signature of Signing Officer or Director

Date