

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # 570369

1. Entity Name
GULF COAST TRUE VALUE HARDWARE, INC.



Principal Place of Business
**975 S MCCALL ROAD
ENGLEWOOD, FL 34223**

Mailing Address
**975 S MCCALL ROAD
ENGLEWOOD, FL 34223**



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1818167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEST, BARBARA
975 S. MCCALL RD.
ENGLEWOOD, FL 34223**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, JOHN M JR. 100 BUCCANEER BEND PLACIDA, FL 33946
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEST, BARBARA 100 BUCCANEER BEND PLACIDA, FL 33946
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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03/30/07-80015-009 150.00

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: *Barbara E. West* **BARBARA E. WEST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 941 474-1807

Date

Daytime Phone #