

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 08:00 AM  
Secretary of State

DOCUMENT # 571022

1. Entity Name  
GULF COAST ELECTRIC MOTOR SERVICE, INC.



Principal Place of Business  
3810 HOPKINS ST.  
PENSACOLA, FL 32596-5223

Mailing Address  
3810 HOPKINS ST.  
PENSACOLA, FL 32596-5223



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1811671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HIGINIO  
3032 KNOTTY PINE  
PENSACOLA, FL 32505

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000788593  
01/18/08-80047-013 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
RODRIGUEZ, SUSANA  
3032 KNOTTY PINE  
PENSACOLA, FL 32505

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RODRIGUEZ, HIGINIO  
3032 KNOTTY PINE  
PENSACOLA, FL 32505

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RODRIGUEZ, HIGINIO III  
1432 NICKLAUS LN.  
MILTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RODRIGUEZ, MOISES  
2901 N 19TH AVENUE  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RODRIGUEZ, VICTOR  
1805 SANDRA DRIVE  
PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Susana Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

850 433-5134

Date

Daytime Phone #