

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90038 041 ***158.75

DOCUMENT # 638712
 1. Entity Name
FLORIDA GULF COAST ENTERPRISES, INC.



Principal Place of Business
**12726 BARRETT DR
 TAMPA, FL 33624**

Mailing Address
**12726 BARRETT DR
 TAMPA, FL 33624**

2. Principal Place of Business
18037 Rigsby Rd
 Suite, Apt. #, etc.

3. Mailing Address
18037 Rigsby Rd
 Suite, Apt. #, etc.

City & State
Springs Hill FL

City & State
Springs Hill FL

Zip
34610

County
HARCO

Zip
34610

County
HARCO



05042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**ZALVA, EDDIE
 12726 BARRETT DR
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name
Eddie ZALVA

Street Address (P.O. Box Numbers Not Acceptable)
18037 Rigsby Rd

City
Springs Hill

FL

Zip Code
34610

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 *Eddie Zalva* **Eddie ZALVA P.S.D.** **9-1-06**
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
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZALVA, EDDIE 12726 BARRETT DR TAMPA, FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZALVA, EDDIE 4202 WATROUS AVENUE TAMPA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZALVA, Eddie 18037 Rigsby Rd Springs Hill, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZALVA, Eddie 18037 Rigsby Rd. Springs Hill, FL. 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eddie Zalva* **Eddie ZALVA President** **9-1-06** **778-332-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #