

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 679439

1. Entity Name
GOLD COAST UTILITIES, INC.



Principal Place of Business

1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE, FL 34979

Mailing Address

1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE, FL 34979-2143 US

DO NOT WRITE IN THIS SPACE

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2020089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, GARY W.
1006 FLOOD ROAD
FORT PIERCE, FL 34982

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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
Due by September 12, 2008

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	S
NAME	MCCLURE, SUE M.
STREET ADDRESS	1006 FLOOD ST.
CITY-STATE-ZIP	FT. PIERCE, FL
TITLE	PD
NAME	MCCLURE, GARY W.
STREET ADDRESS	1006 FLOOD ST.
CITY-STATE-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000956823

08/01/08-80001-010 150.00

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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:

Sue McClure Sue McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08

Daytime Phone #