

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90061 040 \*\*\*\*61.25

<b>DOCUMENT # 755050</b> 1. Entity Name <b>THE GULF COAST SHELL CLUB, INC.</b>					
Principal Place of Business <b>% ROBERT C GRANDA</b> <b>925 ROSEMONT DRIVE</b> <b>PANAMA CITY, FL 32405</b>			Mailing Address <b>% ROBERT C GRANDA</b> <b>925 ROSEMONT DRIVE</b> <b>PANAMA CITY, FL 32405</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2103283</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRANDA, ROBERT C</b> <b>925 ROSEMONT DRIVE</b> <b>PANAMA CITY, FL 32405</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANDA, ROBERT C		NAME	LAWRENCE, GWEN	
STREET ADDRESS	925 ROSEMONT DR		STREET ADDRESS	31 West Baldwin Rd	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Panama City FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GWEN, LAURENCE		NAME	MORGAN, CONNIE	
STREET ADDRESS	31 WEST BALDWIN RD		STREET ADDRESS	PO Box 415	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, JIM		NAME		
STREET ADDRESS	7102 DEAURRECOECHEA		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PORT, FL 32409		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, LINDA		NAME		
STREET ADDRESS	7102 DEAURRECOECHEA		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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.					
<b>SIGNATURE:</b> <b>Joseph J. Brunner</b> <b>2/12/04 (850) 265-5557</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					