


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 763053
 1. Entity Name
GULFCOAST BUSINESS FINANCE, INC.



Principal Place of Business _____ Mailing Address _____
227 SECOND AVE., NORTH **PO BOX 54**
ST. PETERSBURG, FL 33701 US **ST. PETERSBURG, FL 33731 US**

DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2195483** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DIVITO JOSEPH A ATTY
4514 CENTRAL AVE
ST. PETERSBURG, FL 33711

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	VD GILLESPIE, JAMES R 4804 WINDMILL PALM TERR NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAILEY, PAUL 924 N. SHORE DRIVE NE. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REUSS, RONALD L 227 SECOND AVE., N ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEANN ELLIOTT P. O. BOX 13489 N/A ST. PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNLEY, DENISE G 5801 49TH ST N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRY NEWSOME 6798 CROSSWINDS DR, STE A-101 SAINT PETERSBURG, FL 33710

100000235478
 02/19/05-80005-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Ronald Reuss **2/14/05** **800 8502504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #