

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 763053

1. Entity Name  
 GULFCOAST BUSINESS FINANCE, INC.



Principal Place of Business  
 227 SECOND AVE., NORTH  
 ST. PETERSBURG, FL 33701 US

Mailing Address  
 PO BOX 54  
 ST. PETERSBURG, FL 33731 US



**DO NOT WRITE IN THIS SPACE**

01122006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE 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

*Ronald L. Reuss, President*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

1/20/06  
 DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

UN0000404614  
 02/07/06-20007-003 70.00

**DO NOT WRITE IN THIS SPACE**

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 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 L. Reuss, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

Daytime Phone #