


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 10, 2008 08:00 A  
Secretary of State**

DOCUMENT # 763053 1. Entity Name GULF COAST BUSINESS FINANCE, INC.	
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Principal Place of Business 227 SECOND AVE., NORTH ST. PETERSBURG, FL 33701 US	Mailing Address PO BOX 54 ST. PETERSBURG, FL 33731 US
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2195483	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DIVITO JOSEPH A ATTY 4514 CENTRAL AVE ST. PETERSBURG, FL 33711
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000855199  
03/27/08-80038-021 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 live empowered.

**SIGNATURE:** Ronald L Reuss **Ronald L Reuss** 3/7/08 800 850 2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #