

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90486 006 \*\*\*150.00

**DOCUMENT # 812556**

1. Entity Name  
**GULF COAST MARINE SUPPLY COMPANY**



Principal Place of Business  
**501 STIMRAD ROAD  
P.O. DRAWER "K"  
MOBILE, AL 36601**

Mailing Address  
**P.O. BOX 2088  
MOBILE, AL 36652**

**50018095**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**63-0089650**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MOSTELLAR, JOHN JR  
7885 PENSACOLA BLVD  
PENSACOLA, FL 32504**

**7. Name and Address of New Registered Agent**

Name **MICHAEL S. BROWN**

Street Address (P.O. Box Number is Not Acceptable)

**7885 PENSACOLA BLVD**

City **PENSACOLA**

**FL**

Zip Code

**32504**

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** **Michael S. Brown**

(NOTE: Registered Agent signature required when reinstating)

**4/25/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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  
**CD  
MOSTELLAR, MARVIN, JR.  
501 STIMRAD ROAD  
MOBILE, AL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOSTELLAR, JOHN T.  
501 STIMRAD ROAD  
MOBILE, AL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MOSTELLAR, JAMES C.  
501 STIMRAD ROAD  
MOBILE, AL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SANFORD, GORDON V.  
501 STIMRAD RD  
MOBILE, AL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/06**  
Date

**251 452 8066**  
Daytime Phone #