## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # F0000006659 1. Entity Namo GOLD COAST LIMITED, INC. Principal Place of Business Mailing Address 100 W. PINELOCH AVENUE PO BOX 568508 ORLANDO FL ORLANDO FL 32956-8508 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 13-3426561 Not Applicable Ζıp Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOILEAU, JOHN L 1970 MICHIGAN AVE., BLDG C Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** HITEE Delcie 11111 ☐ Change ■ Addition PRIMI, DONALD A NAM NAMI 000000694776 PO BOX 568508 N/A STREET ADDRESS STREET ADDRESS 04/17/07-88035-064 150.00 ORLANDO FL CITY-S1-7# CHY-S1-7IP 1003 Delete 100 Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-/IP CHY-SI-7IP HILE ☐ Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Delete Change Addition NAME NAMI. STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP mir ☐ Delele THH ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete THILE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07

Daytime Phone #

**FILED**