


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90040 050 \*\*\*150.00

<b>DOCUMENT # F67229</b>	
1. Entity Name <b>GULF COAST PROPERTIES, INC.</b>	

Principal Place of Business <b>40 AUDUSSON AVE. PENSACOLA, FL 32507 US</b>	Mailing Address <b>P. O. BOX 1415 PENSACOLA, FL 32591-1415 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242008 Chg-P CR2E034 (12/06)



4. FEI Number <b>59-2193925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BROWN, W T 1700 OSCEOLA BLVD. PENSACOLA, FL 32503</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHIRELY J	NAME	
STREET ADDRESS	600 GAMARRA ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WARREN T	NAME	
STREET ADDRESS	1700 OSCEOLA BLVD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, WILLIAM H	NAME	
STREET ADDRESS	10131 NORIEGA DR.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, GARY W	NAME	
STREET ADDRESS	5698 BERRYHILL RD.	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, STEVEN M	NAME	
STREET ADDRESS	3417 N. 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 

WARREN T. BROWN

4/7/08 850-453-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #