## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 8:00 am Secretary of State

1/14/2007

(850) 416-6500 Daytime Phone #

DOCUMENT # G84658  1. Entity Name GULF COAST DIVERSIFIED, INC.					01-22-2007 90084 032 ***158.75					
Principal Place of Business Mailing Address					-					
5151 N. 9TH AVENUE PENSACOLA, FL 32504		5151 N. 9TH AVENUE PENSACOLA, FL 32504								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·····	01032007	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number Applied For 59-2432798 Not Applied ble					
Zip	Country	Zip Coun		itry		5. Certificate c	f Status Desired		.75 Add Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
EMMANUEL, KAREN O										
5151 N 9TH AVE PENSACOLA, FL 32504				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its rec				red office or registered agent, or both, in the State of Florida. I am familiar with, and acc						and accept
the obligations of registered agent.  SIGNATURE										
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont			<b>\$5</b> . Add	.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS				1	ADDITIONS/0	CHANGES TO OFF	_		
NAME STREET ADDRESS CITY-ST-ZIP	C MCLAUGHLIN, WILLIAM 5151 NORTH 9TH AVE. PENSACOLA, FL 32504	<b>X</b> ☐ Delete							] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHOADS, SISTER JEAN 5151 N. 9TH AVE. PENSACOLA, FL 32504	<b>☑</b> Delete			P Bost 5151	cic, Debb North N Sacola, F	ie inth Aven		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECKATHORN, PETER 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504	☐ Delete		IE	C Heck 5151	athorn,	Peter inth Aven	•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SADRO, CHERYL 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504	<b>√</b> □ Delete			ST Elmo 5151	ore, Budd	y inth Aven		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						C	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							] Change	Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that report	ny signa as requ	iture shall h	ave the	same legal effect	as if made under o	oath; that I am	an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: