

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90016 024 ***150.00

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|---|---------------------------------|--|---|---|--|
| DOCUMENT # H24167 | | | | | |
| 1. Entity Name GOLD COAST INSURANCE CONSULTING, INC. | | | | | |
| Principal Place of Business 2506 EAGLE RUN DR WESTON, FL 33327 US | | | Mailing Address 2506 EAGLE RUN DR WESTON, FL 33327 US | | |
| 2. Principal Place of Business 1020 Stradshire Dr Suite, Apt. #, etc. | | 3. Mailing Address 1020 Stradshire Dr Suite, Apt. #, etc. | | | |
| City & State Raleigh, NC | | City & State Raleigh NC | | 02062006 Chg-P CR2E034 (11/05) | |
| Zip 27614 Country US | | Zip 27614 Country US | | 4. FEI Number 31-1110544 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BLOOMFIELD, CPA R 1601 N PALM AVE STE 203 PEMBROKE PINES, FL 33026 | | | 7. Name and Address of New Registered Agent Name: Bob Bloomfield CPA Street Address (P.O. Box Number is Not Acceptable): 2328 10th Ave N #305 City: Lake Worth FL FL Zip Code: 33481 | | |
| 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: Cheryl Rybka-Kniskern Pres DATE: 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PS NAME RYBKA-KNISKERN, CHERYL A STREET ADDRESS 2506 EAGLE RUN DR CITY - ST - ZIP WESTON, FL 33327 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: Cheryl Rybka-Kniskern DATE: 2/6/06 Daytime Phone #: 97676-6162 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |