

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # H29260

1. Entity Name  
GULF COAST SPECIALITIES, INC.



Principal Place of Business  
7465 OLD PALAFOX HWY  
PENSACOLA, FL 32503 US

Mailing Address  
PO BOX 10038  
PENSACOLA, FL 32524-0038 US

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2474784

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

MOORE, DONALD W.  
4650 FRANCISCO ROAD  
PENSACOLA, FL 32504

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOORE, DONALD W.  
STREET ADDRESS 4650 FRANCISCO RD  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  
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CITY-ST-ZIP

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U000000303811  
04/14/05-80018-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DONALD W. MOORE/PRESIDENT

04/11/2005

Date

850/478-6150

Daytime Phone #