

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90326 030 \*\*\*150.00

**50010324**



**DOCUMENT # H70778**

1. Entity Name  
GULF COAST REALTY OF LEE COUNTY, INC.



Principal Place of Business  
12344 TREELINE AVE  
# 7  
FORT MYERS, FL 33913 US

Mailing Address  
12344 TREELINE AVE  
# 7  
FORT MYERS, FL 33913 US

2. Principal Place of Business  
*12244 Treeline Ave.*

3. Mailing Address  
*12244 Treeline Ave.*

City & State  
Zip Country

City & State  
Zip Country

01192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2574553**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BLOXHAM, NORMAN R  
12344 TREELINE AVE  
SUITE # 7  
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*12244 Treeline Avenue*  
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BLOXHAM, NORMAN R 1860 CARBONATA DRIVE ALVA, FL 33920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Norman R. Bloxham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-5-06* *239-728-2143*  
Date Daytime Phone #

*Norman R. Bloxham*