

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H75084

**FILED**  
**Aug 27, 2010**  
**Secretary of State**

**Entity Name:** GULF COAST PAINTING AND WATERPROOFING, INC.

**Current Principal Place of Business:**

C/O GARY L. ADAMS  
6363 59TH AVE N.  
ST PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY L. ADAMS  
6363 59TH AVE N.  
ST PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 59-2618580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, GARY L PRES  
6363 59TH AVE N.  
ST PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADAMS, GARY L  
Address: 6363 59TH AVE N.  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VTS  
Name: ADAMS, JOANNE  
Address: 6363 59 AVE N  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: DIR  
Name: ADAMS, PAMELA J  
Address: 6363 59 AVE N  
City-St-Zip: ST PETERSBURG, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE ADAMS

VTS

08/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date