## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H96636** 

Entity Name
 GOLD COAST MARINE, INC.



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

8511 NW 61 STREET MIAMI, FL 33166 Mailing Address

8511 NW 61 STREET MIAMI, FL 33166



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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0045234

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, DAVID F 8511 NW 61 STREET MIAMI, FL 33166

## DO NOT WRITE IN THIS SPACE

MIAMI, FL	. 33166		IN 1	THIS SPACE	
the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its req	gistered office or registered agent, or bo	th, in the State of Florida. I am familiar with. a	ind accept
SIGNATURE.	Signature, typed or printed name of registered agent and tide	applicable. (NOTE: Re	igistered Agent signature required when reinstating)	DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	OFFICERS AND DIRECT PD JOHNSTON, DAVID F 8511 NW 61 STREET MIAMI, FL 33166	TORS		000000681686 02/20/07-80056-018 150	1.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE			·		(1.3)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stätutes. 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND PARS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/07

Daytime Phone #