

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # J19329

1. Entity Name
GULF COAST LUMBER AND SUPPLY, INC.



Principal Place of Business
**GULF COAST LUMBER
9141 WOODVILLE HWY
WOODVILLE, FL 32362 US**

Mailing Address
**GULF COAST LUMBER
P O BOX 597
WOODVILLE, FL 32362 US**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2311541** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, WILLIAM D.
NATURAL BRIDGE ROAD
WOODVILLE, FL**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, WILLIAM D. NATURAL BRIDGE ROAD WOODVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, JULIA R. NATURAL BRIDGE RD WOODVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/07-80005-014 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07
Date Daytime Phone #