2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# J38315

Entity Name: GULF COAST FLEET MAINTENANCE, INC.

Current Principal Place of Business:

2719 N. P ST.
P.O. BOX 18725
PENSACOLA, FL 32523

New Principal Place of Business:

Current Mailing Address:

2719 N. P ST.
P.O. BOX 18725
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 59-2768521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITE, WILLIAM F., JR.
163 LEPORT DRIVE
PENSACOLA BEACH, FL 32561 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: FITE, WILLIAM F., JR, .
Address: 163 LEPORT DR
City-St-Zip: PENSACOLA BCH, FL

Title: D ( ) Delete
Name: UPCHURCH, DAVID EDWA, RD
Address: 3419 RIVIERE DUCHIEN LOOP
City-St-Zip: MOBILE, AL

Title: V ( ) Delete
Name: FITE, DONNA L.,
Address: 163 LEPORT DRIVE
City-St-Zip: PENSACOLA BEACH, FL

Title: VD ( ) Delete
Name: UPCHURCH, JUDY
Address: 3419 RIVIERE DECHIEN LP
City-St-Zip: MOBILE, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM FITE DST 01/06/2005

Electronic Signature of Signing Officer or Director — Date