

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90549 047 ***150.00

20035504



DOCUMENT # K41971 1. Entity Name GULF COAST SECURITY PLUS, INC.																																																					
Principal Place of Business 406 N INDIANA AVENUE SUITE 4 ENGLEWOOD, FL 34223 US			Mailing Address 406 N INDIANA AVENUE SUITE 4 ENGLEWOOD, FL 34223 US																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																		
City & State			City & State																																																		
Zip		Country		Zip																																																	
Country		Country		4. FEI Number 65-0080267																																																	
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																	
6. Name and Address of Current Registered Agent MCKINNIE, SANDRA D 1800 BRIDGE STREET ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name MCKINNIE, STEVEN E. Street Address (P.O. Box Number is Not Acceptable) 4048 Kessler TERR. City NORTH PORT FL Zip Code 34287																																																	
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 <u><i>Steven E McKinnie</i></u> DATE <u>4/14/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing "Trust Fund Contribution." ☐ \$5.00 May Be Added to Fees																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td></td> <td>PD MCKINNIE, SANDRA D. 1800 BRIDGE STREET ENGLEWOOD, FL</td> <td></td> <td></td> <td>MCKINNIE, STEVEN E 4048 Kessler TERR NORTH PORT FL 34287</td> <td></td> </tr> <tr> <td></td> <td>VD MCKINNIE, STEVEN E. 4048 KEASLER TERR NORTH PORT, FL 34287</td> <td></td> <td></td> <td>VD MCKINNIE, SANDRA D. 1800 BRIDGE ST ENGLEWOOD, FL 34223</td> <td></td> </tr> <tr> <td></td> <td>S MCKINNIE, JAMES S 2424 PLCIDA RD. #201-D ENGLEWOOD, FL 34223</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition		PD MCKINNIE, SANDRA D. 1800 BRIDGE STREET ENGLEWOOD, FL			MCKINNIE, STEVEN E 4048 Kessler TERR NORTH PORT FL 34287			VD MCKINNIE, STEVEN E. 4048 KEASLER TERR NORTH PORT, FL 34287			VD MCKINNIE, SANDRA D. 1800 BRIDGE ST ENGLEWOOD, FL 34223			S MCKINNIE, JAMES S 2424 PLCIDA RD. #201-D ENGLEWOOD, FL 34223																						
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Steven E McKinnie</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/14/05</u> 941-474-2658 Daytime Phone #																																																		