

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90026 043 \*\*\*550.00

**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  
**406 N. INDIANA AVE  
SUITE 8**

3. Mailing Address  
**Same  
SUITE 8**

City & State  
**Englewood, FL 34223**

City & State  
**Englewood, FL 34223**

Zip  
**34223**

Country  
**US**

Zip  
**34223**

Country  
**US**

05042006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0080267**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**MCKINNIE, SANDRA D  
4048 KESSLER TERR  
NORTH PORT, FL 34287**

## 7. Name and Address of New Registered Agent

Name **STEVEN, MCKINNIE**

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

*Steven E. McKinnie* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/4/06**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **MCKINNIE, SANDRA D.**  
STREET ADDRESS **4048 KESSLER TERR**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **VD** ☒ Delete  
NAME **MCKINNIE, STEVEN E.**  
STREET ADDRESS **1800 BRIDGE ST**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **S** ☒ Delete  
NAME **MCKINNIE, JAMES S**  
STREET ADDRESS **2424 PLACIDA RD. #201-D**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/T/S** ☒ Change ☐ Addition  
NAME **MCKINNIE, STEVEN E.**  
STREET ADDRESS **4048 KESSLER TERR.**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **VD** ☒ Change ☐ Addition  
NAME **MCKINNIE, BETH**  
STREET ADDRESS **4048 KESSLER TERR**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **D** ☒ Change ☐ Addition  
NAME **MCKINNIE, JAMES S.**  
STREET ADDRESS **2424 PLACIDA RD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Change ☒ Addition  
NAME **SANDRA MCKINNIE D.**  
STREET ADDRESS **4048 KESSLER TERR.**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Steven E. McKinnie* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/06**

DATE

**941-468-7838**

DAYTIME PHONE #