2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# K41971

Entity Name: GULF COAST SECURITY PLUS, INC.

Current Principal Place of Business:

4048 KESSLER TERRACE
NORTH PORT, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

4048 KESSLER TERRACE
NORTH PORT, FL 34223 US

New Mailing Address:

FEI Number: 65-0080267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNIE, STEVEN
4048 KESSLER TERR
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

MCKINNIE, STEVEN E PRES
4048 KESSLER TERR
NORTH PORT, FL 34287 US

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: STEVEN E. MCKINNIE 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDTS ( ) Delete
Name: MCKINNIE, STEVEN E
Address: 4048 KESSLER TERR
City-St-Zip: NORTH PORT, FL 34287

Title: VD ( ) Delete
Name: MCKINNIE, BETH
Address: 4048 KESSLER TERR
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: MCKINNIE, JAMES S
Address: 2424 PLACIDA RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: MCKINNIE, SANDRA D
Address: 4048 KESSLER TERR.
City-St-Zip: NORTH PORT, FL 34287

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 exemption stated 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 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: STEVEN E. MCKINNIE PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date