

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K55853

1. Entity Name
RG GULF COAST DEVELOPMENT, INC.



Principal Place of Business
8245 RIVER COUNTRY DR
SPRING HILL, FL 34607

Mailing Address
8245 RIVER COUNTRY DR
SPRING HILL, FL 34607



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2925124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOVER, R.S.
8245 RIVER COUNTRY DR.
SPRING HILL, FL 34607

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLOVER, RALPH
STREET ADDRESS	8245 RIVER COUNTRY DRIVE
CITY - ST - ZIP	SPRINGHILL, FL

TITLE	DVP
NAME	GLOVER, GARY
STREET ADDRESS	8245 RIVER COUNTRY DRIVE
CITY - ST - ZIP	SPRINGHILL, FL

TITLE	DST
NAME	GLOVER, RUTH
STREET ADDRESS	8245 RIVER COUNTRY DRIVE
CITY - ST - ZIP	SPRINGHILL, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/02/05-80037-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

RALPH S. GLOVER, PRES.

Date

Daytime Phone #

3-31-05