

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 034 \*\*\*\*50.00



**DOCUMENT # L05000108991**

1. Entity Name

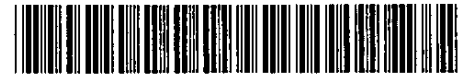
GULF COAST REMODELERS & BUILDERS, LLC

Principal Place of Business

4341 FORTE STREET  
 PACE FL 32571

Mailing Address

4341 FORTE STREET  
 PACE FL 32571



2. Principal Place of Business

3720 N. PACE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

3720 N. PACE BLVD.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

PENSACOLA, Florida

City & State

PENSACOLA, FL

4. FEI Number

20-3849567

Applied For

Not Applicable

Zip

32505

Country

USA

Zip

32505

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, ROBERT O  
 226 EAST GOVERNMENT STREET  
 PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 remaining)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  Delete  
 NAME EDWARDS, DELORES L  
 STREET ADDRESS 4341 FORTE STREET  
 CITY-ST-ZIP PACE FL 32571

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Delores Edwards*

2/6/06 (850) 465-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #