## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022113

Address:

City-St-Zip:

Entity Name: GULF COAST WOODCRAFT, LLC

FILED Apr 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5265 DUNCAN ROAD PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** 5265 DUNCAN ROAD 26216 CONSTANTINE ROAD PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33983 FEI Number: 26-2133122 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, JULIE A 26216 CONSTANTINE ROAD PUNTA GORDA, FL 33983 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition MITCHELL, SCOTT A OWNER Name: Name: Address: Address: 26216 CONSTANTINE ROAD City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33983 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: CAMPBELL, JAY OWNER Address: Address: 484 WABASH TERRACE City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33954 Title: () Delete Title: ( ) Change (X) Addition CAMPBELL, JULIE A OWNER Name: Name: 26216 CONSTANTINE ROAD Address: Address: City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33983 Title: () Delete Title: MS. ( ) Change (X) Addition Name: Name: CAMPBELL, NANCY B OWNER

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 is true and accurate and that my electronic 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.

Address:

City-St-Zip:

484 WABASH TERRACE

PORT CHARLOTTE, FL 33954

SIGNATURE: JULIE A. CAMPBELL MS. 04/02/2009