



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L14148 1. Entity Name GULFCOAST AUTO MART, INC.					
Principal Place of Business _____ Mailing Address _____ 4888 34TH STREET, NORTH 4888 34TH STREET, NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714				 1st MOORE CR2E034 (10/04) 4. FEI Number 65-0143523 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc. _____		Suite, Apt #, etc. _____			
City & State _____		City & State _____			
Zip _____	Country _____	Zip _____	Country _____		
6. Name and Address of Current Registered Agent MOREL, ANDREW 16308 GULF BLVD 3401 REDINGTON BEACH FL 33708				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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOREL, ANDREW		NAME		
STREET ADDRESS	16308 GULF BLVD 401		STREET ADDRESS		
CITY - ST - ZIP	REDINGTON BEACH FL		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOREL, TANYA		NAME		
STREET ADDRESS	8471 79TH AVE		STREET ADDRESS		
CITY - ST - ZIP	SEMINOLE FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>ANDREW MOREL Vice President</u> 12-12-05 127-527-122					