

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90164 003 \*\*\*150.00

**DOCUMENT # L51095**

1. Entity Name  
**GULF COAST PROPERTY ACQUISITION, INC.**



40079848



01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0279662**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business  
~~WEST LAKE BUSINESS PARK~~  
~~2525 DRANE FIELD ROAD, STE #8~~  
~~LAKELAND, FL 33811 US~~

Mailing Address  
~~WEST LAKE BUSINESS PARK~~  
~~2525 DRANE FIELD ROAD, STE #8~~  
~~LAKELAND, FL 33811 US~~

2. Principal Place of Business - No P.O. Box #  
**Gulf Coast Property Acq.**  
Suite, Apt. #, etc.  
**5925 Imperial Pkwy 118**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**mulberry FL**

City & State

Zip  
**33840**

Country  
**USA**

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMAHAN, PAUL W**  
**2525 DRANE FIELD RD**  
**STE 8**  
**LAKELAND, FL 33811**

Name  
**Paul W. McMahon**

Street Address (P.O. Box Number is Not Acceptable)  
**5925 Imperial Pkwy**

**Suite 118**

City  
**mulberry**

FL

Zip Code  
**33840**

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 **Paul W. McMahon**

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

(NOTE: Registered Agent signature required when reappointing)

**4/18/07**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**MCMAHAN, PAUL W**  
**18 BRENTWOOD DRIVE**  
**PARKERSBURG, WV 26101**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**DECKER, JANE**  
**2525 OHIO DRIVE, SUITE 1808**  
**PLANO, TX 75093**

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Paul W. McMahon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/07**

Date

Daytime Phone #