2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L80799

Entity Name: GULF COAST RESALE, INC.

Current Principal Place of Business:

3150 62 STREET SW
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

3150 62 STREET SW
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-0453873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GODWIN, TODD L.
2240 16TH AVE SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GODWIN, LONNIE C.,
Address: 1490 15TH STREET SW
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete
Name: GODWIN, TODD L.,
Address: 2240 16 AVE SW
City-St-Zip: NAPLES, FL 34117

Title: P ( ) Delete
Name: GODWIN, DOUGLAS L SR
Address: 3150 62ND STREET SW
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: GODWIN, AARON
Address: 2340 21 STREET SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD L GODWIN VP 02/02/2009

Electronic Signature of Signing Officer or Director Date