## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # M54740  1. Entity Name GULF COAST TRANSPORTATION, INC.						03-24-200	6 90022 027 ***1	50.00
Principal Place of Business Mailing Address					40027	330		
					40037	000		
FT. LAUDERE	FT. LAUDERDALE, FL	W CYPRESS CREEK ROAD						
I T. ENOULINE	MEC, TC 33303	FI. LAUDERDALE, FL.	33309			·		
	<u> </u>			f - ,				
	lace of Business	3. Mailing Address						
1701 W. Cass St.					1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number		1 15.	nation For
Tampa FL		Oity a State		65-0002		<u> </u>	pplied For ot Applicable	
Zip Country		Zip Countr		try	\$9.75 Additional			
33606 US		ļ		•	5. Certificate of Status Desired Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name ,				
SPRUCEE, WILLIAM D ESQ 3000 W CYPRESS CREEK ROAD				Street Address (P.O. Box Number is Not Acceptable)				
SOUD WICTPRESS CREEK ROAD FORT LAUDERDALE, FL 33309				and the management of the mana				
39								
				City			Zin Con	10
				'   FL				
the obligati	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar		u	<u>Dilliam</u> d Agent signature require	) 5	Pruce	DATE	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1; 2006 Fee will be \$550.0				.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D Delete		TITU				☐ Change	Addition
NAME STREET ADORESS	SPRUCE, WILLIAM D 3000 W CYPRESS CREEK ROAD			AME Treet address				
CITY-ST-ZIP	FT LAUDERDALE, FL 33309			-ST-ZIP				
TITLE	D Delete		TITLE				Change	
NAME	CASTELLANO, NANCY		NAM	1			∟ change	☐ Addition
STREET ADDRESS	3000 W CYPRESS CREEK ROAD			ET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY	-ST-ZIP				
TATLE		☐ Delete	TITL				☐ Change	Addition
NAME			MAM	£.				
STREET ADDRESS			STRE	ET ADDRESS				
CITY-SI-ZIP		- · · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP				
TRLE		Delete	TITU			•	☐ Change	Addition 🔲
NAME 070555 4000500			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				
	<del></del>		-	-\$1-ZIP				
TITLE		☐ Defete	311LI				☐ Change	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLI	<del></del>			☐ Change	☐ Addition
NAME		- Descrip	NAM				[_] Owenge	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
12. I hereby o	certify that the information supplied with t	his filing does not qualify to	r the ex	emptions contained	d in Chapter 119,	Florida Statutes. I	further certify that the i	nformation
of the cor	on this report or supplemental report is to poration or the receiver or trustee employ or on an attachment with antaddress, w	vered to execute this report	as requi	ture shall have the red by Chapter 60	same legal effect 7, Florida Statutes	as it made under ; and that my nam	oatn; that I am an officei ie appears in Block 10 o	r or director ir Block 11 if