

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 16 AM 8:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M54740 1. Entity Name GULF COAST TRANSPORTATION, INC.	
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Principal Place of Business 1701 W CASS ST TAMPA, FL 33606	Mailing Address 3000 W CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0002720	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPRUCE, WILLIAM D ESQ
3000 W CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPRUCE, WILLIAM D 3000 W CYPRESS CREEK ROAD FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTELLANO, NANCY 3000 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

4/5/24

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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: *William Spruce* *4/5/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type Name & Title)