

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010649

FILED
Apr 05, 2007
Secretary of State

Entity Name: GULF COAST T4T, INC.

Current Principal Place of Business:

106 SOUTH TAMPANIA AVE., #250
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

106 SOUTH TAMPANIA AVE., #250
TAMPA, FL 33609

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONICA, HERB
106 SOUTH TAMPANIA AVE., #250
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DONICA, HERB
Address: 106 SOUTH TAMPANIA AVE., #250
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: DONICA, JAN
Address: 106 SOUTH TAMPANIA AVE., #250
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: HUTSON, SUE
Address: 106 SOUTH TAMPANIA AVE., #250
City-St-Zip: TAMPA, FL 33609

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB DONICA

DIR

04/05/2007

Electronic Signature of Signing Officer or Director

Date