


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90170 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                    |                                                                                                                                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N41353</b><br>1. Entity Name<br><b>GULFCOAST WONDER AND IMAGINATION ZONE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                     |                                                                    |                                                                                                                             |                                                                              |
| Principal Place of Business<br>1001 BLVD. OF THE ARTS<br>SARASOTA, FL 34236 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | Mailing Address<br>1001 BLVD. OF THE ARTS<br>SARASOTA, FL 34236 US |                                                                                                                                                                                                              |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                          |                                                                                                                                                                                                              |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     | City & State                                                       |                                                                                                                                                                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Country                                                                             |                                                                    | Zip                                                                                                                                                                                                          |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Country                                                                             |                                                                    | 4. FEI Number<br><b>65-0268098</b>                                                                                                                                                                           |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                     |                                                                    | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                        |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>QUINBY, ALAN</b><br><b>3528 FAIR OAKS LANE</b><br><b>LONGBOAT KEY, FL 34228</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                     |                                                                    | 7. Name and Address of New Registered Agent<br>Name <u>James Rollings</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>6634 Cheswick St.</u><br>City <u>Sarasota</u> FL Zip Code <u>34243</u> |                                                                              |
| 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 <u>James R. Rollings III</u> <u>4/10/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                     |                                                                    |                                                                                                                                                                                                              |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                    | <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                           |                                                                              |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                                                     |                                                                    |                                                                                                                                                                                                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |                                                                                                                                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>QUINBY, ALAN<br>3528 FAIR OAKS LANE<br>LONGBOAT KEY, FL 34228      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | PD<br>Philip M. Dasher<br>PO Box 279<br>Sarasota, FL 34236                                                                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1VPD<br>BARR, MARIE<br>3240 GULF OF MEXICO DR.<br>LONGBOAT KEY, FL 34228 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | 1VPD<br>Irving Naiditch<br>1000 Longboat Key Club Rd<br>Longboat Key, FL 34228                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2VPD<br>HUNTLEY, DIANE M<br>1515 RINGLING BLVD.<br>SARASOTA, FL 34236    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | 2VPD<br>Marie Barr<br>3240 Gulf of Mexico Dr.<br>Longboat Key, FL 34228                                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>DASHER, PHILIP M<br>PO BOX 279<br>SARASOTA, FL 34236                | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | T<br>Richard Sheldon<br>3650 Country Pl. Blvd<br>Sarasota, FL 34233                                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>PAYNE, DAVID M<br>720 S. ORANGE AVE.<br>SARASOTA, FL 34236          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | S<br>Cheryl Bungein<br>439 Bird Key Drive<br>Sarasota, FL 34236                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u>Philip M. Dasher</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                     | <u>4/10/06</u><br><small>Date</small>                              |                                                                                                                                                                                                              | <u>941-906-1851</u><br><small>Daytime Phone #</small>                        |