


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000699 1. Entity Name GULF COAST ENVIRONMENTAL DEFENSE, INC.	
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Principal Place of Business P.O. BOX 732 GULF BREEZE, FL 32562 US	Mailing Address P.O. BOX 732 GULF BREEZE, FL 32562 US
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03152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3136070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SISSKIN, ENID E 4172 MADURA FOUR GULF BREEZE, FL 32161

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAN, BARBARA 208 NAVARRE ST GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ANN P O BOX 3571 PENSACOLA, FL 32516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSKIN, ENID 4172 MADURA FOUR GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000294460 04/08/05-80069-017 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Enid A. Siskin 4/5/05 850-261-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #