


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90001 025 \*\*\*\*70.00

<b>DOCUMENT # N92000000699</b> 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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**DO NOT WRITE IN THIS SPACE**

07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3136070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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IN THIS SPACE**

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: Enid Sisskin Enid Sisskin 7/18/06 850-261-0460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #