

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022196

FILED
Jan 28, 2009
Secretary of State

Entity Name: GULF COAST FINANCIAL SERVICES OF PANAMA CITY, INC.

Current Principal Place of Business:

1213 1/2 W. 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1213 1/2 W. 15TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3634832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CATHY
2414 PRETTY BAYOU DRIVE
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, CATHY
Address: 2414 PRETTY BAYOU DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: STD () Delete
Name: WILLIAMS, CURTIS
Address: 2414 PRETTY BAYOU DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: KEMP, SHERRI
Address: 8712 KINGSWOOD ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: VP () Delete
Name: KEMP, SHERRI
Address: 8712 KINGSWOOD ROAD
City-St-Zip: SOUTHPORT, FL 32409

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI KEMP

VP

01/28/2009

Electronic Signature of Signing Officer or Director

Date