

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085652

FILED
Mar 26, 2009
Secretary of State

Entity Name: GULF COAST SPECIALTY SERVICES, INC.

Current Principal Place of Business:

27117 EDENBRIDGE COURT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27117 EDENBRIDGE COURT
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-1040447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, BESS
27117 EDENBRIDGE COURT
BONITA SPRINGS, FL 34135 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: KRAFT, BESS
Address: 27117 EDENBRIDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: KRAFT, KEVIN
Address: 27117 EDENBRIDGE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: KRAFT, KEVIN
Address: 27117 EDENBRIDGE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Change (X) Addition
Name: KRAFT, KEVIN
Address: 27117 EDENBRIDGE CT.
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Name: KRAFT, KEVIN
Address: 27117 EDENBRIDGE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Change (X) Addition
Name: KRAFT, KEVIN
Address: 27117 EDENBRIDGE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

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: KEVIN KRAFT

VP

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date