
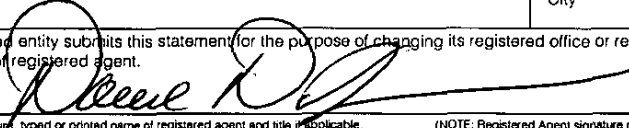
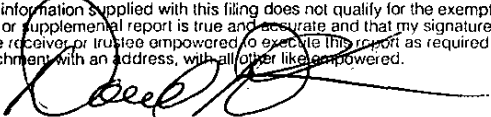


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104967 1. Entity Name GULF COAST PARKING COMPANY			05 MAR -1 PM 12:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 100 WALLACE AVENUE STE 100 SARASOTA, FL 34237		Mailing Address 100 WALLACE AVENUE STE 100 SARASOTA, FL 34237	
2. Principal Place of Business 100 Wallace Avenue <small>Suite, Apt. #, etc.</small> STE 100 <small>City & State</small> Sarasota, FL		3. Mailing Address 100 Wallace Avenue <small>Suite, Apt. #, etc.</small> STE 100 <small>City & State</small> Sarasota, FL	
<small>Zip</small> 34237	<small>Country</small> US	<small>Zip</small> 34237	<small>Country</small> US
4. FEI Number 65-1056644		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONE, DAVID D 100 WALLACE AVENUE STE 100 SARASOTA, FL 34237		7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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: 			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D BONE, DAVID D 100 WALLACE AVE STE 100 SARASOTA, FL 34237 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	600048028015 03/09/05--01009--004 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V SCHWAB, GLORIA J 100 WALLACE AVE STE 100 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V Rachel M. Wolf 100 Wallace Ave STE 100 Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ST BONE, CAROL A 100 WALLACE AVE STE 100 SARASOTA, FL 34237 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V Karen L. Wend 100 Wallace Ave STE 100 Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 		2/7/05 941-954-8405	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	