2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108232

1. Entity Name
GOLD COAST RESTAURANT GROUP, INC.

40005816

Principal Place of Business	Mailing Address
105 CANNON COURT WEST PONTE VEDRA BEACH, FL 32082	105 CANNON COURT WEST PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3686301	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATTINGER, SKIP
105 CANNON COURT W
PONTE VEDRA BEACH, FL 32082

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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.

N/A

SIGNATURE _____ /PRESIDENT
Signature, typed or printed name of registered agent, and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

1/11/08
DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, F B
STREET ADDRESS	1644 DUKE OF WINDSOR ROAD
CITY-ST-ZIP	VIRGINIA BEACH, VA 23454

TITLE	DV
NAME	SMITH, BOBBY
STREET ADDRESS	9340 STINGRAY LN
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	DST
NAME	ATTINGER, FRANK 'SKIP'
STREET ADDRESS	105 CANNON COURT WEST
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 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: _____   FRANK ATTINGER   1/10/08   904-280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

SKIP ATTINGER   1/11/08