

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108232

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: GOLD COAST RESTAURANT GROUP, INC.

**Current Principal Place of Business:**

105 CANNON COURT WEST  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

105 CANNON COURT WEST  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3686301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATTINGER, SKIP  
105 CANNON COURT W  
PONTE VEDRA BEACH, FL 32082 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: DP ( ) Delete  
Name: SMITH, F B  
Address: 1644 DUKE OF WINDSOR ROAD  
City-St-Zip: VIRGINIA BEACH, VA 23454

Title: DV ( ) Delete  
Name: SMITH, BOBBY  
Address: 9340 STINGRAY LN  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DST ( ) Delete  
Name: ATTINGER, FRANK  
Address: 105 CANNON COURT WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

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: SKIP ATTINGER

MR.

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date