


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P00000109446 |  |
| 1. Entity Name GULF COAST FISHING AND CHARTERS, INC. | |

| | |
|---|---|
| Principal Place of Business 9963 FEATHERS CT JACKSONVILLE, FL 32246 | Mailing Address 9963 FEATHERS CT JACKSONVILLE, FL 32246 |
|---|---|



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3680409 | 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

**BULLARD, ROBERT E
9963 FEATHERS CT
JACKSONVILLE, FL 32246**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U000000512606 04/29/06-80093-025 150.00 |
|---|---|---------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | |
|--|----------------------------------|
| TITLE PO | NAME BULLARD, ROBERT E |
| STREET ADDRESS 9963 FEATHERS CT. | |
| CITY-ST-ZIP JACKSONVILLE, FL 32246 | |
| TITLE SD | NAME CARROLL, MARIAN |
| STREET ADDRESS 9963 FEATHERS CT. | |
| CITY-ST-ZIP JACKSONVILLE, FL 32246 | |
| TITLE T | NAME MARKWITH, BETTY S |
| STREET ADDRESS 8370 NE 147 CT. RD. | |
| CITY-ST-ZIP SILVER SPRINGS, FL 34488 | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Marian Carroll See 4-14-06 904 723-5569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #