

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3680409**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000723449  
05/02/07-80071-013 150.00

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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:

*Marian Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07