

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 031 \*\*\*150.00

**DOCUMENT # P01000006855**

1. Entity Name  
**GULF COAST PET CREMATORY, INC.**



Principal Place of Business  
**4771 BAYOU BLVD #194  
PENSACOLA, FL 32503 US**

Mailing Address  
**C/O BASS AND SANDFORT ACCOUNTANT, PA  
1301 W. GARDEN ST.  
PENSACOLA, FL 32501 US**

**QUU13344**



02012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**59-3688715**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BASS & SANDFORT ACCOUNTANTS, INC.  
1301 W GARDEN ST  
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, JEFFERY P			NAME			
STREET ADDRESS	1017 N 19TH AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, TIMOTHY J			NAME			
STREET ADDRESS	9817 RAVENSWAY DR			STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH, TX 76126			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	STACY GIBSON	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLLINS, DAVID MARK			NAME	9817 RAVENSWAY DR (D.S.)		
STREET ADDRESS	1438 HARMONY GROVE CHURCH RD.			STREET ADDRESS	FT WORTH TX 76126		
CITY-ST-ZIP	AUBURN, GA 30011			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSASCO, ROBERT C			NAME			
STREET ADDRESS	7206 E LAKEVIEW AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Jeffery P. Gibson **02-09-07** **850-437-9639**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #