

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000027958

**1. Entity Name
GULF COAST FISHING ADVENTURES, INC.**



**Principal Place of Business
817 BAY CLIFFS ROAD
GULF BREEZE, FL 32561**

**Mailing Address
3298 SUMMIT BLVD.
SUITE 27
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

**4. FEI Number
04-3648358**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**HUSTON, GARY W
125 W. ROMANA STE. 800
PENSACOLA, FL 32501**

**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, 2004 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ENNIS, A LESTER
STREET ADDRESS	817 BAY CLIFFS ROAD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	TREA
NAME	ENNIS, STEPHEN M
STREET ADDRESS	1164 OLD TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VP
NAME	ENNIS, JONATHAN L
STREET ADDRESS	817 BAY CLIFFS ROAD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U000000129725
04/26/04-80089-016 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04 850-432-1800