

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90381 022 ***150.00

DOCUMENT # P01000096543 1. Entity Name GULF COAST METAL BUILDINGS, INC.			
Principal Place of Business 613 ARMENIA DRIVE PENSACOLA, FL 32505		Mailing Address 613 ARMENIA DRIVE PENSACOLA, FL 32505	
2. Principal Place of Business 909 WILLIAMS PITCH Rd Suite, Apt. #, etc.		3. Mailing Address 909 WILLIAMS PITCH Rd Suite, Apt. #, etc.	
City & State CANTONMENT FL Zip 32533		City & State CANTONMENT FL Zip 32533	
Country United States		Country United States	
4. FEI Number 59-3748922		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 HOLLIS, SHARON B 613 ARMENIA DR PENSACOLA, FL 32505		7. Name and Address of New Registered Agent Name SHARON B HOLLIS Street Address (P.O. Box Number is Not Acceptable) 909 WILLIAMS PITCH Rd City CANTONMENT FL Zip Code 32533	
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: <u><i>Sh B Hollis</i></u> DATE: <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLIS, SHARON B 613 ARMENIA DR PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHARON B HOLLIS 909 WILLIAMS PITCH Rd CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLIS, JEFFREY E 613 PRMENIA DR PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFFREY E. HOLLIS 909 WILLIAMS PITCH Rd CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Sh B Hollis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/06</u> <u>851 9374642</u> <small>Date Daytime Phone #</small>	