

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 044 ***150.00

DOCUMENT # P01000096543

1. Entity Name
GULF COAST METAL BUILDINGS, INC.



Principal Place of Business
**909 WILLIAMS PITCH RD
 CANTONMENT, FL 32533**

Mailing Address
**909 WILLIAMS PITCH RD
 CANTONMENT, FL 32533**

2. Principal Place of Business - No P.O. Box #
909 WILLIAMS DITCH RD
 Suite, Apt. #, etc.

3. Mailing Address
909 WILLIAMS DITCH RD
 Suite, Apt. #, etc.

City & State
Cantonment FL

City & State
Cantonment FL

Zip
32533

Country
FLORIDA

Zip
32533

Country
FLORIDA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3748922

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**HOLLIS, SHARON B
 909 WILLIAMS PITCH RD
 CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name
SHARON B HOLLIS

Street Address (P.O. Box Number is Not Acceptable)
909 WILLIAMS DITCH 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: *Sharon B Hollis* DATE: 5/1/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	HOLLIS, SHARON B 909 WILLIAMS PITCH RD CANTONMENT, FL 32533	TITLE SHARON B HOLLIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	HOLLIS, JEFFREY E 909 WILLIAMS PITCH RD CANTONMENT, FL 32533	TITLE JEFFREY E. HOLLIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: *Sharon B Hollis* DATE: 5/1/07 DAYTIME PHONE #: 850 937 4642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR