2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097544

1. Entity Name
GULF COAST ALUMINUM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13484	P.O. BOX 13484
MEXICO BEACH, FL 32410	MEXICO BEACH, FL 32410

DO NOT WRITE IN THIS SPACE

08202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3748124	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, LARRY
9228 AUGER AVE.
MEXICO BEACH, FL 32410

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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 $550.00
Due by September 14, 2007

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

U00000772926
08/28/07-80009-015 550.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SIMPSON, LARRY
STREET ADDRESS	9228 AUGER AVE.
CITY-ST-ZIP	MEXICO BEACH, FL 32410
TITLE	VP
NAME	LITTRELL, JAMES
STREET ADDRESS	PO BOX 13010
CITY-ST-ZIP	MEXICO BEACH, FL 32410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 _____   LARRY SIMPSON   8-22-07   850-832-4389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #