


2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000110292 1. Entity Name GULF COAST RENAISSANCE FAIRE, INC.					
Principal Place of Business 3603 MOBILE HWY. B PENSACOLA FL 32505			Mailing Address 3603 MOBILE HWY. B PENSACOLA FL 32505		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3759528	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELEI, STEVEN E 3603 MOBILE HWY B PENSACOLA FL 32505			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELEI, STEVEN E	NAME			
STREET ADDRESS	3603 MOBILE HWY	STREET ADDRESS	U00000509978		
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	04/28/06-80063-019 150.00		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKENEY, SHANDI J	NAME			
STREET ADDRESS	5283 CONEYH STREET	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELEI, MARGIE R	NAME			
STREET ADDRESS	815 KIRK STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELEI, JOEY E	NAME			
STREET ADDRESS	1022 R STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELEI, JOSEPH E SR	NAME			
STREET ADDRESS	815 KIRK STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505	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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Melei

Date

4/12/06

Daytime Phone #

(850) 470-8420