

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000117856**

1. Entity Name  
**GULF COAST HYDROCARBONS, INC.**



Principal Place of Business  
**9991 NAVARRE PKWY  
NAVARRE, FL 32566**

Mailing Address  
**P.O. BOX 5417  
NAVARRE, FL 32566**



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**76-0404565**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DILLON, GREGORY P  
9991 NAVARRE PKWY  
NAVARRE, FL 32566**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **DILLON, GREGORY P**  
STREET ADDRESS **9991 NAVARRE PKWY**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **P**  
NAME **DILLON, GREGORY P**  
STREET ADDRESS **9991 NAVARRE PKWY**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **S**  
NAME **DILLON, BARBARA A**  
STREET ADDRESS **9991 NAVARRE PKWY**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/20/08-80007-022 150.00

**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 full power.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-08 (850) 939 6966**  
Date Daytime Phone #