

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000033999

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** GULF COAST BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

8374 MARKET STREET, #132  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

4900 7TH B ST EAST  
BRADENTON, FL 34203

**Current Mailing Address:**

8374 MARKET STREET, #132  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

4900 7TH B ST EAST  
BRADENTON, FL 34203

**FEI Number:** 75-3033499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWNS, MICHAEL A  
8374 MARKET STREET, #132  
LAKEWOOD RANCH, FL 34202 US

**Name and Address of New Registered Agent:**

TOWNS, MICHAEL A  
4900 7TH B ST EAST  
BRADENTON, FL 34203 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/02/2010

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TOWNS, MICHAEL A  
Address: 4900 7TH B ST EAST  
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A TOWNS

PRES

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date