

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 019 ***150.00

DOCUMENT # P02000052735



1. Entity Name

GULF COAST DETAILING MS, INC.

Principal Place of Business

333 BLUEFISH DR UNIT 102
FT WALTON BCH FL 32548

Mailing Address

333 BLUEFISH DR UNIT 102
FT WALTON BCH FL 32548

2. Principal Place of Business

15 WAYNE CIR. SE.

Suite, Apt. #, etc.

3. Mailing Address

15 WAYNE CIR. SE.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Fort Walton Bch. FL

City & State

Fort Walton Bch. FL

4. FEI Number

04-3664950

Applied For

Not Applicable

Zip

32548

Country

OKA100SA

Zip

32548

Country

OKA100SA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOOK, ANDRA
333 BLUEFISH DR UNIT 102
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to: Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OOD
SHOOK, MARK E
333 BLUEFISH DR #102
FORT WALTON BEACH FL 32548 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
SHOOK, ANDRA
333 BLUEFISH DR #102
FORT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARK SHOOK
15 WAYNE CIR. SE.
FORT WALTON, Bch. FL 32548 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANDRA SHOOK
SAME AS ABOVE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mark E. Shook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06 8509865127

Date

Daytime Phone #