

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-20-2008 90006 045 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P02000052735 1. Entity Name GULF COAST DETAILING MS, INC.																																																																											
Principal Place of Business 15 WAYNE CIR SE FORT WALTON BEACH FL 32548			Mailing Address 15 WAYNE CIR SE FORT WALTON BEACH FL 32548																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																									
City & State Zip Country		City & State Zip Country		4. FEI Number 04-3664950																																																																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																							
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 _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when form is filed.)																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>SHOOK, MARK E</td> <td>15 WAYNE CIR SE</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SHOOK, ANDRA</td> <td>15 WAYNE CIR SE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		SHOOK, MARK E	15 WAYNE CIR SE				SHOOK, ANDRA	15 WAYNE CIR SE																							11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td><i>ONE. OWNEN</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>SECT.</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition		<i>ONE. OWNEN</i>					<i>SECT.</i>																							
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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: <i>Mark Shook</i> <i>3/7/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																											