
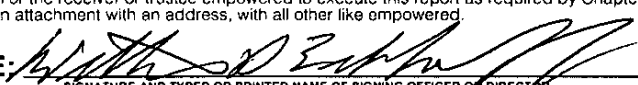


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90122 006 ***150.00

DOCUMENT # P02000055107					
1. Entity Name GULF COAST CLASSIC CARS, INC.					
Principal Place of Business 12500 TAMiami TRAIL PUNTA GORDA, FL 33955			Mailing Address 103 WEST MARION AVENUE PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0447642	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent STRANG & OLSEN, CPAS, P.A. 103 WEST MARION AVENUE PUNTA GORDA, FL 33950				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKHOFF, WILLIAM D 3297 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
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 all other like empowered.					
SIGNATURE: 				1/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	