

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062300

FILED
Mar 20, 2006
Secretary of State

Entity Name: GULFCOAST APPLIANCE REPAIR & INSTALLATION, INC.

Current Principal Place of Business:

4541 11TH AVE SW
NAPLES, FL 34116

New Principal Place of Business:

1100 COMMERCIAL BLVD
SUITE #114
NAPLES, FL 34104

Current Mailing Address:

4541 11TH AVE SW
NAPLES, FL 34116

New Mailing Address:

FEI Number: 03-0470198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GETMAN, JENNIFER
4541 11TH AVE SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GETMAN, ZACHARY
Address: 4541 11TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OWNE () Change (X) Addition
Name: JENNIFER, GETMAN R
Address: 4541 11TH AVE S.W.
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER GETMAN

OWNE

03/20/2006

Electronic Signature of Signing Officer or Director

Date