2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 01, 2008 08:00 AM **Secretary of State DOCUMENT # P02000124919** 1. Entity Name GULF COAST HANDLING, INC. Principal Place of Business Mailing Address 8701 WINCHESTER DRIVE 8701 WINCHESTER DRIVE JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 01202008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2330082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIEL, WILLIAM P DO NOT WRITE 8701 WINCHESTER DRIVE JACKSONVILLE, FL 32217 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. -80086-025 150.00 TITLE CLAUSEN, JOSEPH R NAME STREET ADDRESS 8701 WINCHESTER DR CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joseph Clausen Joseph R. Cl.

March 31, 2008(239) 434-3650

Daytime Phone

FILED