


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90031 032 \*\*\*150.00

<b>DOCUMENT # P03000060034</b>	
1. Entity Name GOLDCOAST C & C, INC.	

Principal Place of Business 3215 CEDAR CREST LOOP SPRING HILL, FL 34609	Mailing Address PO BOX 15035 BROOKSVILLE, FL 34604-0111
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50000443



2. Principal Place of Business - No P.O. Box # 14262 LEYBOURNE RD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State
Zip 34609	Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number 38-3682616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNT, PETER 3215 CEDAR CREST LOOP SPRING HILL, FL 34609	7. Name and Address of New Registered Agent Name HUNT PETER Street Address (P.O. Box Number is Not Acceptable) 14262 LEYBOURNE RD City SPRING HILL FL Zip Code 34609
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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: Peter R. Hunt DATE: 1-25-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PETER 3215 CEDAR CREST LOOP SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PETER 14262 LEYBOURNE RD SPRING HILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Peter R. Hunt DATE: 1-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR