2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State 01-31-2007 90044 021 ***150.00

DOCUMENT # P03000062345 1. Entity Name GULFCOAST ELECTRIC & LIGHTING, INC.								01 31 2 0	,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		150.00
Principal Place of Business				Mailing Address							
1735 MONTANA AVE NE SAINT PETERSBURG, FL 33703				1735 MONTANA AVE NE SAINT PETERSBURG, FL 33703							
- <u> </u>		N- DO D							111 III (111 (1		
2. Principal Place of Business - No P.O. Box #				Mailing Address				11 69 7 08 11111 8 0 111 80518 81	UM 60 84 4 1 884 8 11	KAR IIWI KIRUI DA	HEEL EL IVAL
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01182007	Chg-P	CR2E	34 (12/06)	
City & State				ity & State		4. FEI Numb			⊢-	oplied For ot Applicable	
Zip	Country		2	Zip Coun		try	5. Certificate	e of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent							7. Name an	d Address of Now!	Registered		
-						Name					
MILLER, EDWARD 1735 MONTANA AVE NE SAINT PETERSBURG, FL 33703						Street Address	s (P.O. Box Numb	per is Not Acceptable	e)		_
								<u>.</u>			
					_	City			FL	Zip Cod	e
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: hoped or annied name of registered agains and late / applicable (NOTE Registered Agains agreeure required when reincataing) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND DIRECTORS 11.							ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PSTD Delete III									Change	Addition
STREET ADDRESS	SS 1735 MONTANA AVE NE SIR					ET ADDRESS					
CITY-SI-ZIP						-S1-ZIP					
TITLE NAME						€				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-7IP					
TILE	Delate IIIU									☐ Change	Addition
NAME						E					
STREET ADDRESS CITY-ST-ZIP						ET AUGRESS -SI-7IP					
TITLE				☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAMI Sire	E El adoress					
CATY-S1-ZIP						- S1 - <i>UP</i>					_
TITLE NAME		-		Delete	TITLE	ŧ				Change	Addition
STREET ADDRESS						ET ADORESS					
CITY-ST-ZIP			·		CULA	· \$1 - 20P					
TITLE NAME	Oefete STILE									Change	Addition
STREET ADDRESS					STRE	ET ADORESS					
Criy-ST-ZIP						- S1 - 20P	adia Ph	0 El. 1- 0	1.00	4	
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 it 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 it changed, or on an attachment with an address, with property of the corporation of the receiver or trustee.											
19/1/17 777 575 57N											
SIGNATURE: 4/18/0 / 727 525 5200											<u> </u>