

2006 FOR PROFIT CORPORATION ANNUAL REPORT


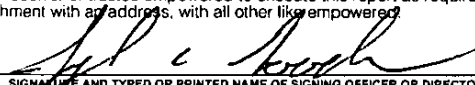
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Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 005 ***150.00

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000088743					
1. Entity Name GULF COAST COOLING & PACKING, INC.					
Principal Place of Business 203 E TERR DR PLANT CITY, FL 33563			Mailing Address 203 E TERR DR PLANT CITY, FL 33563		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0628109	
				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 JONES, EDDIE A 203 E TERR DR PLANT CITY, FL 33565				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODSON, JOSEPH R		NAME		
STREET ADDRESS	13659 HAYNES RD		STREET ADDRESS	P.O. Box 1707	
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP	Dover, FL 33527	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, EDDIE A		NAME		
STREET ADDRESS	P.O. BOX 93		STREET ADDRESS		
CITY-ST-ZIP	SYDNEY, FL 33587		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, WAYNE		NAME		
STREET ADDRESS	370 EVITT CEMENTARY RD		STREET ADDRESS		
CITY-ST-ZIP	CASHIERS, NC 28717		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESHONG, PAMELA E		NAME		
STREET ADDRESS	PO BOX 2102		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-29-06 813-757-9600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		