

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0628109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, EDDIE A
203 E TERR DR
PLANT CITY, FL 33565**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000006681874
03/20/07-80060-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOODSON, JOSEPH R
STREET ADDRESS	P.O. BOX 1707
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	JONES, EDDIE A
STREET ADDRESS	P.O. BOX 93
CITY-ST-ZIP	SYDNEY, FL 33587
TITLE	D
NAME	MOSS, WAYNE
STREET ADDRESS	370 EVITT CEMENTARY RD
CITY-ST-ZIP	CASHIERS, NC 28717
TITLE	S
NAME	DESHONG, PAMELA E
STREET ADDRESS	PO BOX 2102
CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

Daytime Phone # _____