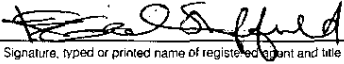



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90388 005 \*\*\*158.75

<b>DOCUMENT # P03000095420</b> 1. Entity Name <b>GULF COAST LODGING, INC.</b>					
Principal Place of Business <b>9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32408 US</b>			Mailing Address <b>9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32408 US</b>		
2. Principal Place of Business <b>5912 Thomas Drive</b>		3. Mailing Address <b>5912 Thomas Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Panama City Beach, FL</b>		City & State <b>Panama City Beach, FL</b>		4. FEI Number <b>90-0134682</b>	
Zip <b>32408</b> Country <b>USA</b>		Zip <b>32408</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6.- Name and Address of Current Registered Agent  <b>SHEFFIELD, KRISTEN G 9851 THOMAS DRIVE SUITE 108 PANAMA CITY BEACH, FL 32408</b>			7.- Name and Address of New Registered Agent Name <b>Sheffield, Kristen G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5912 Thomas Drive</b> City <b>Panama City Beach</b> <b>FL</b> Zip Code <b>32408</b>		
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:  DATE: <b>4/22/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SHEFFIELD, KRISTEN G 9851 THOMAS DRIVE PANAMA CITY BEACH, FL 32408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5912 Thomas Drive Panama City Beach, FL 32408</b>		
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		
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		
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		
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		
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 exemption stated in Section 119.07(3)(i), 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: 		Date: <b>4.22.04</b>		Daytime Phone #: <b>850/234.7697 r123</b>	