


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000095951  
 1. Entity Name  
 GULF TECHNICAL CONSULTING, INC.



Principal Place of Business      Mailing Address  
 554 JOHNS PASS AVENUE      554 JOHNS PASS AVENUE  
 MADEIRA BEACH, FL 33708      MADEIRA BEACH, FL 33708



01292006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0492979	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  
 PHILLIPS, TYLER M  
 554 JOHNS PASS AVENUE  
 MADEIRA BEACH, FL 33708

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000414642  
 02/11/06-80045-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P. PHILLIPS, TYLER M 554 JOHNS PASS AVENUE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D. PHILLIPS, TYLER M 554 JOHNS PASS AVENUE MADEIRA BEACH, FL 33708
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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: *Tyler M Phillips*      1/29/06      813 827 5974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #