

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000112577

1. Entity Name
GULFCOAST SECURITY SOLUTIONS, INC.



Principal Place of Business
**721 BRUCE AVENUE
CLEARWATER BEACH, FL 33767**

Mailing Address
**721 BRUCE AVENUE
CLEARWATER BEACH, FL 33767**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2406500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBKE, MOLLY L
721 BRUCE AVENUE
CLEARWATER BEACH, FL 33767**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE **P.**
NAME **ROBKE, MOLLY L**
STREET ADDRESS **721 BRUCE AVENUE**
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE **VP**
NAME **LINDBLOM, TIMOTHY P**
STREET ADDRESS **721 BRUCE AVE**
CITY-ST-ZIP **CLEARWATER, FL 33767**

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CITY-ST-ZIP

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**U00000624822
02/14/07-80050-018 150.00**

**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: Molly Robke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Molly Robke
PRESIDENT**

1/31/07 (727)449-2296
Date Daytime Phone #