

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134304

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST WOOD WORKS, INC.

**Current Principal Place of Business:**

1122 BEEKMAN CIR  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1122 BEEKMAN CIR  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

4991 CAZES AVENUE  
NORTH PORT, FL 34287

**FEI Number:** 56-2421838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEKIN, JOHN CHARLES  
21202 OLEAN BLVD  
SUITE C-2  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLINS, FRANCIS G  
Address: 1122 BEEKMAN CIR  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: COLLINS, ANNETTE  
Address: 1122 BEEKMAN CIR  
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS COLLINS

PRES

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date