2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P0400012997 1. Entity Name GULF COAST HEALING HANDS, INC					04-18-2007	90193) <u>24 · · · 1</u>	50.00
Principal Place of Business	Mailing Address							
6103 61ST STREET EAST 6103 61ST STREET EAST								
PALMETTO, FL 34221	PALMETTO, FL 34221							
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04122007	Chg-P	CR2E03	34 (12/06)		
City & State City & State				4. FEI Number 20-0646	725			oplied For ot Applicable
Zip Country	Zip	Count	try	5. Certificate of	Status Desired		\$8.75 Add	
6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New Re			
SCHULER, PATRICIA A			Name		•			
4445 6TH AVENUE EAST BRADENTON, FL 34208			Street Address (P.O. Box Number is Not Acceptable)					
577.52.11.511,72.54255								
			City			FL	Zip Cod	e
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or both,	in the State of Flo	rida. Lam f	amiliar with,	and accept
SIGNATURESignature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Conf			.00 May Be ded to Fees				
10. OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND		
TITLE P NAME LABBATE, ELIZABETH A	☐ Delete	TITLE					Change	Addition
STREET ADDRESS 6103 61ST STREET EAST			ET ADDRESS					
CITY-ST-ZIP PALMETTO, FL 34221		CITY-	-ST-ZIP					
TITLE VP	☐ Delete	TITLE					☐ Change	☐ Addition
NAME SCHULER, PATRICIA A STREET ADDRESS 4445 6TH AVENUE EAST		NAME	ET ADDRESS					
CITY-ST-ZIP BRADENTON, FL 34208		CITY-	-ST-ZIP					
TITLE	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS		NAME	E Et address					
CITY-ST-ZIP			-ST-ZIP					
TITLE	☐ Delete	TITLE					☐ Change	Addition
NAME		NAME						
l l		CYRF1	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP								
	☐ Delete		-ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP	☐ Delete	CITY - TITLE NAME	-ST-ZIP : E			- 	☐ Change	Addition
CITY-ST-ZIP TITLE	☐ Delete	CITY- TITLE NAME STREE	-ST-ZIP : E ET ADDRESS			<u> </u>	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		CITY- TITLE NAME STREE	-ST-ZIP : E ET ADDRESS -ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-	-ST-ZIP E EF ADDRESS -ST-ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		CITY- TITLE NAME STREE CITY- TITLE NAME STREE	-ST-ZIP E EF ADDRESS -ST-ZIP					

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: Elysheth 1. Lablato, ELIZABETH A. LABBATE 4.15-07 941-723-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

Date

Description of Description