

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060615

FILED
Feb 24, 2006
Secretary of State

Entity Name: ARCHITECTURAL CONCEPTS GULF COAST, INC.

Current Principal Place of Business:

3355-5 COPTER ROAD
PENSACOLA, FL 32502

New Principal Place of Business:

3355-5 COPTER ROAD
PENSACOLA, FL 32514

Current Mailing Address:

P.O. BOX 2120
JACKSON, MS 39225

New Mailing Address:

FEI Number: 20-0971372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARROLL, P.L.
Address: 103 SNYDER DR
City-St-Zip: BRANDON, MS 39042

Title: DST () Delete
Name: CARROLL, III, J.H.
Address: 103 SNYDER DRIVE
City-St-Zip: BRANDON, MS 39042

Title: D () Delete
Name: WREN, ALEXIS C.
Address: 103 SNYDER DRIVE
City-St-Zip: BRANDON, MS 39042

Title: D () Delete
Name: MOSS, ASHLEY C.
Address: 140 PAVILLION DRIVE
City-St-Zip: BRANDON, MS 39042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULINE L. CARROLL

PRES

02/24/2006

Electronic Signature of Signing Officer or Director

Date