

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147560

Entity Name: GULF COAST SAND, INC

FILED
May 31, 2005
Secretary of State

Current Principal Place of Business:

243 BAY GROVE RD
FREEPORT, FL 34239

New Principal Place of Business:

Current Mailing Address:

243 BAY GROVE RD
FREEPORT, FL 34239

New Mailing Address:

FEI Number: 20-1803295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOADS, MATTHEW T
246 E. SHIPWRECK RD
SANTA ROSA BEACH, FL 32459 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RHOADS, MATTHEW T
Address: 246 E. SHIPWRECK RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: ADAMS, ASHLEY R
Address: 952 T.R. MILLER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: ROCKETT, ROLLIN IV
Address: 333 W. MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

Title: VP () Delete
Name: SMITH, JACK D
Address: 952 T.R. MILLER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: VP () Change (X) Addition
Name: ROBERTSON, BRANDON R
Address: 3130 LAKE SPIVEY RD
City-St-Zip: JONESBORO, GA 30238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATT RHOADS

P

05/31/2005

Electronic Signature of Signing Officer or Director

_____ Date