

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156032

FILED  
Jan 08, 2006  
Secretary of State

**Entity Name:** GULF COAST EXCEPTIONAL SERVICES, INC.

**Current Principal Place of Business:**

P O BOX 18165  
PANAMA CITY BEACH, FL 32417

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18165  
PANAMA CITY BCH., FL 32417 US

**New Mailing Address:**

**FEI Number:** 58-2685317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEZINGER, MARK OWNER  
6226 #5 CYPRESS POINT DR.  
PANAMA CITY BEACH, FL 32408 US

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

HEZINGER, MARK OWNER  
6226 #5 CYPRESS POINT DR.  
PANAMA CITY BEACH, FL 32408 US

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: MARK HEZINGER

01/08/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HEZINGER, MARK OWNER  
Address: 6226 #5 CYPRESS POINT DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARK HEZINGER

OWNE

01/08/2006

Electronic Signature of Signing Officer or Director

Date