2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 09, 2006 8:00 am Secretary of State **DOCUMENT # P04000159150** 08-09-2006 90016 001 ***150.00 1. Entity Name 08-09-2006 90016 002 *****8.75 GULF COAST SPORTSMEN, INC. Principal Place of Business Mailing Address 66022815 5351 BELLA RIDGE 5351 BELLA RIDGE MILTON, FL 32570 MILTON, FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07242006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number VL20-1913547 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEPP, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 5351 BELLA RIDGE MILTON, FL 32570 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or-printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition ZEPP, CHARLES A NAME NAME 5351 BELLA RIDGE STREET ADDRESS STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP CITY+ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change Addition ZEPP, LISA C NAME NAME STREET ADDRESS 5351 BELLA RIDGE STREET ADDRESS MILTON, FL 32570 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 attachme ss, with all other like empowered

HARLUS A.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

850-983-203

ATTACHMENT

66030315

Gulf Coast Sportsmen, Inc. 5351 Bella Ridge Milton, FL 32570

July 10, 2006

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: Gulf Coast Sportsmen, Inc. P04000159150

To Whom It May Concern:

We spoke with one of your customer service representatives and they advised us to write you a request to reinstate **Gulf Coast Sportsmen**, **Inc.** and to waive the reinstatement fee.

We never received the annual report reminder in the mail. That is the reason why we did not file the report on time.

We ask that you please, accept this check in the amount of \$150.00 (\$61.25 annual corporate fee & \$88.75 corporate supplemental fee) and reinstate the corporation.

We appreciate your help and understanding and please, do not hesitate to contact us if you have any questions or concerns about this matter.

Sincerely,

Presiden!