

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 025 ***158.75

DOCUMENT # P04000161233

1. Entity Name

GULF COAST PALM & TREE, INC.



Principal Place of Business

15701 SHADOW RUN COURT
FORT MYERS FL 33912

Mailing Address

15701 SHADOW RUN COURT
FORT MYERS FL 33912



2. Principal Place of Business

8591 Gladiolus Dr.

3. Mailing Address

15880 Summerlin Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300-168

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers, FL

City & State

Fort Myers FL

4. FEI Number

20-1935206

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOCKMAN, JON E
15701 SHADOW RUN COURT
FORT MYERS FL 33912

Name
William H. Rogers Jr.

Street Address (P.O. Box Number is Not Acceptable)

8591 Gladiolus Dr.

Fort Myers

FL

Zip Code
33908

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

William H. Rogers Jr.

2/17/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STOCKMAN, JON E	
STREET ADDRESS	15701 SHADOW RUN COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	STOCKMAN, JON E	
STREET ADDRESS	15701 SHADOW RUN COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, WILLIAM H JR	
STREET ADDRESS	2419 KENT AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	ROGERS, WILLIAM H JR	
STREET ADDRESS	2419 KENT AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SECT.
ROGERS, WILLIAM H. JR.
2419 Kent Ave
Fort Myers, FL 33907

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William H. Rogers Jr. VP

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR