2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# P05000046334

Entity Name: GULF COAST STORAGE SHEDS, INC

Current Principal Place of Business:

171 SW 398TH STREET
HORSESHOE BEACH, FL 32648 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 77
HORSESHOE BEACH, FL 32648 US

New Mailing Address:

FEI Number: 20-2638958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIBBEY, JOSAIH
171 SW 398TH STREET
HORSESHOE BEACH, FL 32648 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: LIBBEY, JOSIAH
Address: PO BOX 77
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: S ( ) Delete
Name: HEADINGS, JOHN
Address: 77 SW 428 STREET
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: T ( ) Delete
Name: HEADINGS, VERNON
Address: PO BOX 375
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VP ( ) Delete
Name: HEADINGS, JONAS
Address: PO BOX 375
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VP ( ) Delete
Name: HEADINGS, JADE
Address: PO BOX 375
City-St-Zip: HORSESHOE BEACH, FL 32648

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: ( ) 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: JOSIAH LIBBEY P 07/06/2006

Electronic Signature of Signing Officer or Director Date