2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046334

Entity Name: GULF COAST STORAGE SHEDS, INC

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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171 SW 398TH STREET 381 SW 398TH STREET

US US HORSESHOE BEACH, FL 32648 HORSESHOE BEACH, FL 32648

Current Mailing Address: New Mailing Address:

PO BOX 77 381 SW 398TH STREET

US US HORSESHOE BEACH, FL 32648 HORSESHOE BEACH, FL 32648

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

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

LIBBEY, JOSIAH

LIBBEY, JOSIAH 381 SW 398TH STREET 171 SW 398TH STREET

HORSESHOE BEACH, FL 32648 US HORSESHOE BEACH, FL 32648 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: 06/24/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LIBBEY, JOSIAH LIBBEY, JOSIAH Name: Name: PO BOX 77 381 SW 398 STREET Address: Address:

City-St-Zip: HORSESHOE BEACH, FL 32648 City-St-Zip: HORSESHOE BEACH, FL 32648

Title: Title: () Delete (X) Change () Addition

Name: HEADINGS, JOHN Name: KEGABEIN, JASON 77 SW 428 STREET 15195 SW 351 HWY Address: Address:

HORSESHOE BEACH, FL 32648 HORSESHOE BEACH, FL 32648 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

HEADINGS, VERNON Name: Name: PO BOX 375 Address: Address:

City-St-Zip: HORSESHOE BEACH, FL 32648 City-St-Zip:

Title: VΡ () Delete Title: (X) Change () Addition

HEADINGS, JONAS MCCALL, HIRAM Name: Name: Address: PO BOX 375 Address: PO BOX 81

City-St-Zip: City-St-Zip: HORSESHOE BEACH, FL 32648 HORSESHOE BEACH, FL 32648

Title: Title: () Delete () Change () Addition

HEADINGS, JADE Name: Name: PO BOX 375 Address: Address:

HORSESHOE BEACH, FL 32648 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 D LIBBEY Ρ 06/24/2009