


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000053143	
1. Entity Name GULF COAST TECHNOLOGY SYSTEMS, INC.	
	
Principal Place of Business 1153 WATER OAKS TRAIL CANTONMENT, FL 32533	Mailing Address 1153 WATER OAKS TRAIL CANTONMENT, FL 32533



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2694489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CROSBY, EDDIE 1153 WATER OAKS TRAIL CANTONMENT, FL 32533
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSBY, EDDIE 1153 WATER OAKS TRAIL CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CROSBY, VALERIE 1153 WATER OAKS TRAIL CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/09/08-80046-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Valerie Crosby - Valerie Crosby 1-30-08 850-9680444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #