


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 010 ***150.00

DOCUMENT # P05000058978	
1. Entity Name GULF COAST ACCOUNTING SERVICES, INC.	

Principal Place of Business 4128 ROWAN RD NEW PORT RICHEY, FL 34653	Mailing Address 4128 ROWAN RD NEW PORT RICHEY, FL 34653
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2. Principal Place of Business 1831 CYPRESS TRACE DRIVE	3. Mailing Address P.O. Box 398
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAFETY HARBOR, FL	City & State SAFETY HARBOR, FL
Zip 34695	Zip 34695-0398
Country	Country

01102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2589782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOST, EUGENE P 1831 CYPRESS TRACE DR SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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: Eugene Yost, PRESIDENT DATE: 1-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOST, EUGENE 1831 CYPRESS TRACE DE SAFETY HARBOR, FL 346954525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOST, NANCY L 1831 CYPRESS TRACE DE SAFETY HARBOR, FL 346954525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Eugene P. Yost, PRESIDENT HD-06 727-726-2673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #