

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90058 038 ***150.00

DOCUMENT # P05000058978

1. Entity Name
GULF COAST ACCOUNTING SERVICES, INC.



Principal Place of Business
15666 49 ST N #1130
CLEARWATER, FL 33762

Mailing Address
P.O. BOX 398
SAFETY HARBOR, FL 34695-0398

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 17227
Suite, Apt. #, etc.

City & State
CLEARWATER, FL

Zip
33762

Country

01052007 Chg-P CR2E034 (12/06)

4. FE! Number
20-2589782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOST, EUGENE P
15666 49 ST N #1130
CLEARWATER, FL 33762

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

PCEO
YOST, NANCY L
15666 49 ST N #1130
CLEARWATER, FL 33762

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ 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: *Nancy L Yost*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

727-812-1636

Date

Daytime Phone #