

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 033 \*\*\*150.00

**60038968**



05232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000122621</b> 1. Entity Name <b>GULFCOAST SCREEN ENCLOSURES, INC.</b>			
Principal Place of Business <b>7670 NOVARA COURT</b> <b>NAPLES, FL 34111 US</b>		Mailing Address <b>7670 NOVARA COURT</b> <b>NAPLES, FL 34111 US</b>	
2. Principal Place of Business <b>4760 Enterprise Ave.</b> Suite, Apt. #, etc. <b>#406</b>		3. Mailing Address <b>4760 Enterprise Ave.</b> Suite, Apt. #, etc. <b>#406</b>	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34104</b>		Zip <b>34104</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-3407764</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAGE, FRANCOIS</b> <b>7670 NOVARA CT.</b> <b>NAPLES, FL 34114</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAGE, FRANCOIS 7670 NOVARA COURT NAPLES, FL 34111 <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	VS PAGE, SHANNON 7670 NOVARA COURT NAPLES, FL 34111 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shannon Page</u>		9/5/06 239-438-1039	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	