



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90023 038 \*\*\*150.00

<b>DOCUMENT #P05000143773</b> 1. Entity Name <b>GULF COAST TV SALES &amp; SERVICE INC</b>					
Principal Place of Business <del>1 SOUTH NEW WARRINGTON RD.</del> <b>705-A</b> PENSACOLA, FL 32506			Mailing Address <del>1 SOUTH NEW WARRINGTON RD.</del> PENSACOLA, FL 32506		
2. Principal Place of Business - No P.O. Box # <b>705-A</b>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007    Chg-P    CR2E034 (12/06)	
City & State <i>Pensacola FL</i>		City & State <i>Pensacola FL</i>		4. FEI Number <b>20-3643738</b>	
Zip <b>32506</b>		Country <i>Escambia</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIEKEN, JAMES</b> <b>3325 LINGER CRT.</b> <b>PENSACOLA, FL 32526</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RIEKEN, JAMES</b> <b>3325 LINGER CRT.</b> <b>PENSACOLA, FL 32526</b>	<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	VP <b>THOMPSON, JOHN</b> <b>4260 MORELIA PLACE</b> <b>PENSACOLA, FL 32504</b>	<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	
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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.					
<b>SIGNATURE:</b> <i>James R. Rieken</i> <b>James R. Rieken</b>			<i>4/27/07</i> Date    Daytime Phone #		