2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006
Secretary of State

DOCUMENT# P05000157446

Entity Name: GULF COAST STORM SHUTTERS INC

Current Principal Place of Business:

9000 PALAFOX #36
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

9000 PALAFOX #36
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 74-3155320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIPPLE, WILLIAM G
9000 PALAFOX #36
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NIPPLE, WILLIAM
Address: 9000 PALAFOX #36
City-St-Zip: PENSACOLA, FL 32534

Title: V ( ) Delete
Name: NIPPLE, CYNTHIA
Address: 9000 PALAFOX #36
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. NIPPLE D 07/28/2006

Electronic Signature of Signing Officer or Director Date