2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2007
Secretary of State

DOCUMENT# P06000008248

Entity Name: GULF COAST DEVELOPMENT GROUP OF NORTHWEST FLORIDA INC.

Current Principal Place of Business:

116-B MCCLURE DRIVE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

116-B MCCLURE DRIVE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 20-4145552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGAN, SANDI C
116B MCCLURE DRIVE
GULF BREEZE, FL 32561 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

OFFICERS AND DIRECTORS:

Title: P D ( ) Delete
Name: COLSTON, BRENDA
Address: 200 PENSACOLA BEACH RD M3
City-St-Zip: GULF BREEZE, FL 32561 US

Title: T D ( ) Delete
Name: LOGAN, SANDI C
Address: 116B MCCLURE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: S D ( ) Delete
Name: PLACHTE, JEFF
Address: 3265 MAPLEWOOD
City-St-Zip: GULF BREEZE, FL 32563 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: C D ( ) Change (X) Addition
Name: EVANS, BARBARA J
Address: 533 SELINA ST
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA J. EVANS C D 09/29/2007

Electronic Signature of Signing Officer or Director Date