

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000049269

1. Entity Name
GULF COAST MATERIAL HANDLING, INC.



Principal Place of Business
100 SOUTH KENTUCKY AVENUE, SUITE 215
LAKELAND, FL 33801

Mailing Address
100 SOUTH KENTUCKY AVENUE, SUITE 215
LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MUSCA, DANIEL G
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

Name
William T. Mims
Street Address (P.O. Box Number is Not Acceptable)
100 South Kentucky Avenue
Suite 215
City
Lakeland

FL Zip Code
33801

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

William T. Mims, Director

04/20/2007

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, WILLIAM THOMAS 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

William T. Mims, Director 04/20/2007 (863) 683-9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #