


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-13-2007 90003 031 ***150.00
06-25-2007 90001 013 ***400.00

DOCUMENT # P06000064279					
1. Entity Name GULF COAST READERS INC.					
Principal Place of Business 1327A LAFAYETTE CAPE CORAL, FL 33904 US			Mailing Address 1327A LAFAYETTE CAPE CORAL, FL 33904 US		
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	4. FEI Number 20-4838475	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMOLIAK, KEVIN 15386 MYRTLE ST FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Edward Epps Street Address (P.O. Box Number is Not Acceptable) 2211 NW 7th Pl City Cape Coral FL Zip Code 33993		
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 Edward Epps <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-stating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MOULDER, ANTHONY E 3213 NW 21ST TER CAPE CORAL, FL 33993	<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 all other like empowered.					
SIGNATURE: A. Moulder <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

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