## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000064833

Address:

2532 SUTHERLAND COURT

City-St-Zip: CAPE CORAL, FL 33991 US

Entity Name: GULF COAST LIGHTING & ELECTRICAL CORP

FILED Apr 24, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
720 NE 25	-				
UNIT 32 CAPE CO	RAL, FL 33909	)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
720 NE 25 UNIT 32 CAPE COI	STH AVE. RAL, FL 33909	)			
FEI Number	: 20-4838263	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
GLOVER, JACKIE L 2016 EL DORADO PKWY W CAPE CORAL, FL 33914 US			2016 EL DORADO PI	GLOVER, RONNIE C MR. 2016 EL DORADO PKWY W CAPE CORAL, FL 33914 US	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: RONNIE C GLOVER				04/24/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	T () GLOVER, RONI 2016 EL DORA CAPE CORAL,	DO PKWY W	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GLOVER, JACK 2016 EL DORA CAPE CORAL,	DO BLD W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () GLOVER, COR' 2532 SUTHERL CAPE CORAL,	AND COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () GLOVER, DUST 502 NE 25TH TI CAPE CORAL,	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MR () GLOVER, JENN	Delete IIE L MRS	Title: Name:	( ) Change ( ) Addition	

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.

Address: City-St-Zip:

SIGNATURE: RONNIE C GLOVER TRES 04/24/2009