

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000144580**

1. Entity Name  
**GULF COAST MANAGERS, INC.**



Principal Place of Business  
**4107 99TH STREET WEST  
BRADENTON, FL 34210 US**

Mailing Address  
**4107 99TH STREET WEST  
BRADENTON, FL 34210 US**



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5965470**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BILLINGSLEY, STEVE  
4107 99TH STREET WEST  
BRADENTON, FL 34210**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000868676  
04/09/08-00018-012 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	BILLINGSLEY, STEVE
STREET ADDRESS	4107 99TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	VP
NAME	BILLINGSLEY, DOLORES
STREET ADDRESS	4107 99TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	SEC
NAME	BILLINGSLEY, DOLORES
STREET ADDRESS	4107 99TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	TREA
NAME	BILLINGSLEY, STEVE
STREET ADDRESS	4107 99TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steve E.*

Date

Daytime Phone #

*3/17/08*

*941-761-8264*