

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 018 ***150.00

DOCUMENT # P06000155426

1. Entity Name
GULF COAST REVITALIZATION, INC.



Principal Place of Business

455 CAPE CORAL PKWY E
CAPE CORAL, FL 33904

Mailing Address

455 CAPE CORAL PKWY E
CAPE CORAL, FL 33904

40096903



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-8344703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ
LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET STE 205
RIVERVIEW, FL 33569

**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

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME HUTTON, PATRICK J
STREET ADDRESS 455 CAPE CORAL PKWY E
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE DS
NAME FRENCH, JOHN E
STREET ADDRESS 455 CAPE CORAL PKWY E
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John E. French
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. FRENCH

Date

4/30/08

Daytime Phone #

239-549-2916