

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030000

Entity Name: GULF COAST OWNER SERVICES, INC.

FILED  
Aug 19, 2008  
Secretary of State

## Current Principal Place of Business:

13621 PERDIDO KEY DRIVE UNIT 1702E  
PENSACOLA, FL 32507

## New Principal Place of Business:

13621 PERDIDO KEY DRIVE; #1702E  
#1702  
PENSACOLA, FL 32507

## Current Mailing Address:

13621 PERDIDO KEY DRIVE UNIT 1702E  
PENSACOLA, FL 32507

## New Mailing Address:

100099 NELLE AVENUE;  
#404  
PENSACOLA, FL 32507

FEI Number: 20-8558506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SANDERS, CHARLENE C  
10099 NELLE AVENUE  
UNIT 404  
PENSACOLA, FL, FL 32507 US

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.

SIGNATURE: CHARLENE C. SANDERS

08/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SANDERS, CHARLENE  
Address: 13621 PERDIDO KEY DRIVE UNIT 1702E  
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete  
Name: GRACIK, STEPHEN  
Address: 13621 PERDIDO KEY DRIVE UNIT 1702E  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SANDERS, CHARLENE  
Address: 10099 NELLE AVENUE; #404  
City-St-Zip: PENSACOLA, FL 32507

Title: V (X) Change ( ) Addition  
Name: GRACIK, STEPHEN  
Address: 10099 NELLE AVENUE; #404  
City-St-Zip: PENSACOLA, FL 32507

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.

SIGNATURE: CHARLENE C. SANDERS

PSTD

08/19/2008

Electronic Signature of Signing Officer or Director

Date