

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030000

FILED
Mar 03, 2009
Secretary of State

Entity Name: GULF COAST OWNER SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

13700 PERDIDO KEY DR.
B-223
PENSACOLA, FL 32507

Current Mailing Address:

100099 NELLE AVENUE;
#404
PENSACOLA, FL 32507

New Mailing Address:

13700 PERDIDO KEY DR.
B-223
PENSACOLA, FL 32507

FEI Number: 37-1574085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SANDERS, CHARLENE C
10099 NELLE AVENUE
UNIT 404
PENSACOLA, 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

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 SANDERS

PSDT

03/03/2009

Electronic Signature of Signing Officer or Director

Date