

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065617

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST LABOR SERVICES INC.

**Current Principal Place of Business:**

144 MANISTEE DR  
PANAMA CITY BEACH, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

144 MANISTEE DR  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

PO BOX 9111  
PANAMA CITY BEACH, FL 32417

**FEI Number:** 45-2730154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRABEK, NIKOLA  
144 MANISTEE DR  
PANAMA CITY BEACH, FL 32413 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DRABEK, NIKOLA  
Address: 144 MANISTEE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

I hereby 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 all other like empowered.

**SIGNATURE:** ND

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date