

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009569

1. Entity Name  
GOLD COAST FINANCIAL INDUSTRIES, INC.



Principal Place of Business  
22395 WATERSIDE DR.  
BOCA RATON, FL 33428 US

Mailing Address  
22395 WATERSIDE DR.  
BOCA RATON, FL 33428 US

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0370236  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

CARLSON, KENNETH  
22395 WATERSIDE DR.  
BOCA RATON, FL 33428

**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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CARLSON, KENNETH  
STREET ADDRESS 22395 WATERSIDE DR.  
CITY-ST-ZIP BOCA RATON, FL

TITLE D  
NAME VOLKERT, DALE  
STREET ADDRESS 22278 HOLLYHOCK TR  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000640415  
02/28/07-80064-023 150.00

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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: Kenneth Carlson KENNETH CARLSON 2/16/07 954-735-3447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #