

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041180

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: GULFCOAST INTERNATIONAL IONICS, INC.

## Current Principal Place of Business:

217 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

217 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: 59-3193178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROUX, EMMANUEL J.  
217 CENTRAL AVE.  
ST. PETERSBURG, FL 33701      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ROUX, EMMANUEL J  
Address: 217 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL

Title: VT ( ) Delete  
Name: BOUVARD, FRANCK  
Address: 217 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: SPILMAN, DEREK B  
Address: 4215 MILLER DR.  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D ( ) Delete  
Name: ROUX, DANIEL  
Address: 2519 DRIFTWOOD RD.  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: ROUX, ALAIN  
Address: 2519 DRIFTWOOD RD.  
City-St-Zip: SAINT PETERSBURG, FL 33705

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANCK BOUVARD

VT

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date