


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90169 040 ***158.75

DOCUMENT # P93000084123	
1. Entity Name GULF COAST COMMUNITIES, INC.	

Principal Place of Business 5672 STRAND CT STE #1 NAPLES FL 34110 US	Mailing Address 5672 STRAND CT STE #1 NAPLES FL 34110 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 801 ANCHOR RODE DRIVE #106	Suite, Apt. #, etc. 801 ANCHOR RODE DRIVE #106
City & State NAPLES, FL 34103	City & State NAPLES, FL 34103

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

KELLY, JANET 5672 STRAND CT STE #1 NAPLES FL 34110

1st MOORE	CR2E034 (10/04)
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4. FEI Number 65-0455079	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name Janet Kelly	
Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DRIVE #106	
City NAPLES, FL 34103	
City FL	Zip Code

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 *Janet Kelly Treasurer* DATE 4/29/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JANET 5672 STRAND CT #1 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, ROBERT S. 5672 STAND CT, STE 1 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDY, ROBERT S 5672 STRAND CT, STE 1 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, R. PAUL 5672 STRAND CT, STE 1 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janet Kelly* DATE 4/29/05 (234) 434-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR