


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000037659 1. Entity Name GOLD COAST TOUR AND TRAVEL, INC.	
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Principal Place of Business 551 CARCABA RD SAINT AUGUSTINE, FL 32084 US	Mailing Address 551 CARCABA RD SAINT AUGUSTINE, FL 32084 US
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CAROL
3295 MONUMENT BAY RD
SAINT AUGUSTINE, FL 32092

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOLIDAY, ANDREA 551 CARCABA ROAD SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GATES, ELIZABETH H 551 CARCABA ROAD SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, CAROL 3295 MONUMENT BAY RD SAINT AUGUSTINE, FL 32092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/04/06-80080-023 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrea Holiday (ANDREA HOLIDAY) 4/20-06 824-3825 (904)