

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000037659

1. Entity Name
GOLD COAST TOUR AND TRAVEL, INC.



FILED

06 AUG 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
551 CARCABA RD
SAINT AUGUSTINE, FL 32084 US

Mailing Address
551 CARCABA RD
SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business
4511 Wandering Oaks Dr S.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 32486
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32257

Country
USA

Zip
32237

Country
USA

08152006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, SUZI
4511 WANDERING OAKS DRIVE SOUTH
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Suzi Willis

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

August 19, 2006

DATE

Amended AR is \$61.25

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
GATES, ELIZABETH H
551 CARCABA ROAD
SAINT AUGUSTINE, FL 32084

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSTD
Suzi Willis
4511 Wandering Oaks Dr. South
Jacksonville, FL 32257

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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TITLE
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TITLE
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CITY - ST - ZIP

☐ Change ☐ Addition

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:

Suzi Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 19, 2006 904-619-5603
Date Daytime Phone *

708/23