


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000059924 1. Entity Name GULF COAST RENOVATIONS, INC.						06 MAR 10 AM 11:53 STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2964 KILLEARN POINTE CT TALLAHASSEE, FL 32312				Mailing Address 2964 KILLEARN POINTE CT TALLAHASSEE, FL 32314			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3260053				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUTKOWSKI, WOJCIECH 2964 KILLEARN POINTE CT TALLAHASSEE, FL 32312				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P RUTKOWSKI, WOJCIECH 2964 KILLEARN POINTE CT TALLAHASSEE, FL 32312				500068113715 03/20/06--01030--015 **150.00			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wojciech Rutkowski</u> 3-10-06 850-933-1330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							