


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000087770

1. Entity Name
GULF COAST ACCOMMODATIONS OF FLORIDA, INC.



Principal Place of Business 113 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	Mailing Address 113 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
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01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3280228	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

**MACQUEEN, JULIAN B
 113 BAYBRIDGE DRIVE
 GULF BREZE, FL 32561**

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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 _____ DATE _____
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, 2007 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	PVS MACQUEEN, JULIAN B 113 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
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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 my address, with all other persons empowered.

SIGNATURE: Julian B. MacQueen Date: 4/16/07 Daytime Phone #: 850-934-3609