

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000418

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Entity Name:** GULFCOAST MOLD & TOOL CORPORATION

**Current Principal Place of Business:**

4406 EXCHANGE AVENUE UNIT 130  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

4406 EXCHANGE AVENUE UNIT 130  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 65-0541572      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW, RALPH  
4406 EXCHANGE AVENUE UNIT 130  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAW, RALPH  
Address: 3520 31ST AVE SW  
City-St-Zip: NAPLES, FL 34117

Title: STD ( ) Delete  
Name: SHAW, BONNIE  
Address: 3520 31ST AVE SW  
City-St-Zip: NAPLES, FL 34117

Title: VD ( ) Delete  
Name: SHAW, DANIEL  
Address: 6042 SEA GRASS LANE  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH SHAW

PD

04/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date