

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000418

FILED
Apr 14, 2009
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, DANIEL
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, DANIEL
Address: 6042 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116 US

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

Title: VD () Delete
Name: SHAW, JOHN
Address: 190 25 ST NW
City-St-Zip: NAPLES, FL 34120 US

Title: SD () Delete
Name: ANTUNES, KELLY
Address: 598 LAMBTON LANE
City-St-Zip: NAPLES, FL 34104 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SHAW, BONNIE
Address: 3520 31ST AVE SW
City-St-Zip: NAPLES, FL 34117 US

Title: VTD (X) Change () Addition
Name: SHAW, JOHN
Address: 190 25 ST NW
City-St-Zip: NAPLES, FL 34120 US

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 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: DANIEL SHAW

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date