


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000010712 1. Entity Name GULF COAST SHARED SERVICES, INC.	
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Principal Place of Business 710 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address 710 OAKFIELD DRIVE BRANDON, FL 33511
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3292834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHUMACHER, DALE F 3815 N NEBRASKA AVE TAMPA, FL 33603	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMACHER, DALE 3815 N NEBRASKA AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, ARTHUR J 3710 N 50 STREET TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMARE, WILLIAM 3202 W. WATERS TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/05-80016-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Arthur J Wood</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/1/05</u>	Daytime Phone # _____
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