

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90019 034 ***158.75

DOCUMENT # P95000011605

1. Entity Name

GOLD COAST FINANCIAL NETWORK, INC.



Principal Place of Business

18351 RIVER OAKS DRIVE
JUPITER FL 33458
US

Mailing Address

18351 RIVER OAKS DRIVE
JUPITER FL 33458
US



2. Principal Place of Business

17911 S.E. Federal Hwy.

3. Mailing Address

17911 S.E. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33469

Country

USA

Zip

33469

Country

4. FEI Number

59-3296434

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

33469

EVANS, WAYNE S
18351 RIVER OAKS DR.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17911 S.E. Federal Hwy.

City

Jupiter

FL

Zip Code

33469

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, WAYNE S	
STREET ADDRESS	18351 RIVER OAKS DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, LYNDIA M	
STREET ADDRESS	%18351 RIVER OAKS DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARONSON, DANIELLE L	
STREET ADDRESS	18351 RIVER OAKS DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVANS, KRYSTOL K	
STREET ADDRESS	%18351 RIVER OAKS DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, S. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Lynda	
STREET ADDRESS	17911 S.E. Federal Hwy	
CITY-ST-ZIP	Jupiter, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wayne S. Evans, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06

Date

561-575-9700

Daytime Phone #