2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092536

Name:

Address:

City-St-Zip:

FILED Jan 12, 2005 Secretary of State

Entity Nan	ne: GULFCOA	ST SURVEY ASSOCIATES, IN	IC.				
Current Principal Place of Business:				New Principal Place of Business:			
9625 ALON RIVERVIEN	IZO ROAD W, FL 33569			S KEARNE` EW, FL 335			
Current Mailing Address:				New Mailing Address:			
9625 ALONZO ROAD RIVERVIEW, FL 33569				9625 WES KEARNEY WAY RIVERVIEW, FL 33569			
FEI Number:	59-3348923	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WARD, WI 9625 ALON RIVERVIEN		US	9625 WE	WILLIAM C S KEARNE` EW, FL 335			
The above in the State		ubmits this statement for the pu	rpose of changing	g its registere	ed office or registered agent, or both,		
SIGNATURE: WILLIAM C WARD				01/12/2005			
Election Can		c Signature of Registered Ager Trust Fund Contribution ().	t		Date		
OFFICERS	AND DIRECT	ORS:	ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECTOR	S :	
Title: Name: Address: City-St-Zip:	PSTD () I WARD, WILLIAM 9625 ALONZO R RIVERVIEW, FL	OAD	Title: Name: Address: City-St-Zip		(X) Change()Addition LLIAM C KEARNEY WAY W, FL 33569		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip		()Change(X)Addition BING KEARNEY WAY W, FL 33569		
Title:	1()	Delete	Title:	S	() Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

PITRE, JOSEPH M 9625 WES KEARNEY WAY

RIVERVIEW, FL 33569

SIGNATURE: JOSEPH M PITRE S 01/12/2005