## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000092536

Entity Name: GULFCOAST SURVEY ASSOCIATES, INC.

FILED Jan 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD.

RIVERVIEW, FL 33569 TAMPA, FL 33619

**Current Mailing Address: New Mailing Address:** 

9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD.

RIVERVIEW, FL 33569 TAMPA, FL 33619

FEI Number: 59-3348923 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WARD, WILLIAM C REED, JAMES 9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD. RIVERVIEW, FL 33569 TAMPA, FL 33619

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: JAMES REED 01/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WARD, WILLIAM C WARD, WILLIAM C Name: Name:

9625 WES KEARNEY WAY 1110 PINELLAS BAYWAY SUITE 110 Address: Address:

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TIERRA VERDE, FL 33715

Title: ( ) Delete Title: (X) Change ( ) Addition KEARNEY, BING KEARNEY, BING CHARLES W JR Name: Name: 9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD. Address: Address:

RIVERVIEW, FL 33569 TAMPA, FL 33619 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition PITRE, JOSEPH M Name: PITRE, JOSEPH M Name:

9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD. Address: Address:

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33619

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: JOE PITRE S 01/11/2007