

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092536

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: GULFCOAST SURVEY ASSOCIATES, INC.

**Current Principal Place of Business:**

5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619

**New Mailing Address:**

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

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

REED, JAMES  
5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619    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: WARD, WILLIAM C  
Address: 1110 PINELLAS BAYWAY SUITE 110  
City-St-Zip: TIERRA VERDE, FL 33715

Title: CHRM ( ) Delete  
Name: KEARNEY, BING CHARLES W JR  
Address: 5115 JOANNE KEARNEY BLVD.  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: PITRE, JOSEPH M  
Address: 5115 JOANNE KEARNEY BLVD.  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JOE PITRE

S

03/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date