

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000010058

1. Entity Name
GULF COAST SPORTS SECTION, INC.



Principal Place of Business

7101 JOY STREET
UNIT C-1
PENSACOLA, FL 32504

Mailing Address

P.O. BOX 20062
PENSACOLA, FL 32524



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3357062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREW, JOHN A
5205 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000798658
01/30/08-80036-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FREW, JOHN A.
STREET ADDRESS 5202 SOUNDSIDE DRIVE
CITY-ST-ZIP GULF BREEZE, FL

TITLE VPST
NAME FREW, SUSIE W.
STREET ADDRESS 5205 SOUNDSIDE DRIVE
CITY-ST-ZIP GULF BREEZE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Susie W. Frew *Susie W. Frew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

850-934-3566

Daytime Phone #