

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90302 039 \*\*\*150.00

<b>DOCUMENT # P96000019419</b>					
<b>1. Entity Name</b> GULF COAST PRODUCTIONS, INC.					
<b>Principal Place of Business</b> 1860 MOURNING DOVE DR PALM HARBOR, FL 34683 US			<b>Mailing Address</b> 1860 MOURNING DOVE DR PALM HARBOR, FL 34683 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3363104	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LETTAU, K 433 GARDEN AVENUE CLEARWATER, FL 33755				Name Street Address (P.O. Box Number is Not Acceptable) City	
<i>611 DRUID Rd Suite 403</i>				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS D. CASSESE 1860 MOURNING DOVE DRIVE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CASSESE, TRINA A 1860 MOURNING DOVE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE: TRINA CASSESE</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/2/05</i>					
Daytime Phone # <i>727-785-3696</i>					