

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047360

FILED
Apr 26, 2005
Secretary of State

Entity Name: GULFCOAST CONSTRUCTION OF S.W. FL. INC.

Current Principal Place of Business:

2534 NE 9TH AVE.
#1
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

2534 NE 9TH AVE.
#1
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 65-0674581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTON, SIMON D
2534 NE 9TH AVENUE
1
CAPE CORAL, FL 33909 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: P () Delete
Name: BARTON, DAVID A
Address: 2534 NE 9TH AVENUE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP () Delete
Name: BARTON, SIMON D
Address: 1426 NE PINE ISLAND LANE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: D () Delete
Name: BARTON, MARGARET A
Address: 5718 DRIFTWOOD PKWY
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: BOZZARD, DAVID G
Address: 305 ALLEN AVENUE
City-St-Zip: EVERGLADES CITY, FL 34139 US

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:

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

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.

SIGNATURE: MARGARET BARTON

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date