

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90283 035 ***150.00

DOCUMENT # P96000048088 1. Entity Name GULFCOAST TRANSCRIPTION OF FLORIDA, INC.					
Principal Place of Business 9751 ST PAUL RD NORTH FT MYERS, FL 33917			Mailing Address 9751 ST PAUL RD NORTH FT MYERS, FL 33917		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04182005 Chg-P		CR2E034 (10/03)	
4. FEI Number 65-0668853				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SW PROF. SERVICES OF S. FLORIDA, INC 13571 MCGREGOR BLVD STE 22 FORT MYERS, FL 33919			Name HERITAGE TAX & CONSULTING SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 11220 METRO PKWY #3 City Fort Myers FL Zip Code 33912		
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 <u><i>David Goldberg</i></u> DAVID GOLDBERG 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, JANET 9751 ST PAUL RD NORTH FT MYERS, FL 33917 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u><i>Janet A. Simmons</i></u> Janet A. Simmons <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/05 239-543-5674 <small>Date Daytime Phone #</small>		