

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 042 ***155.00

DOCUMENT # P96000048088	
1. Entity Name GULF COAST 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
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2. Principal Place of Business 7995 Mercantile Street Suite, Apt. #, etc. Suite # 5 City & State North Fort Myers FL Zip 33917 Country USA	3. Mailing Address 7995 Mercantile Street Suite, Apt. #, etc. Suite # 5 City & State North Fort Myers FL Zip 33917 Country USA
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02012006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0668853	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICES, INC 11220 METRO PKWY, #3 FORT MYERS, FL 33912	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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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	V Simmons, Gary R. 9751 St. Paul Rd North Fort Myers FL 33917 <input type="checkbox"/> Change <input checked="" 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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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

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: <u>Gary R. Simmons</u>	Date: <u>2-1-2006</u>	Daytime Phone #: <u>239-543-5674</u>
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