



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90241 015 ***150.00

DOCUMENT # P96000084541 1. Entity Name GULF COAST EQUIPMENT, INC.					
Principal Place of Business 415 B N. TARRAGONA ST PENSACOLA, FL 32501 US			Mailing Address 415 B N. TARRAGONA ST PENSACOLA, FL 32501 US		
2. Principal Place of Business 300 N. TARRAGONA ST. Suite, Apt. #, etc.		3. Mailing Address 300 N. TARRAGONA ST Suite, Apt. #, etc.			
City & State PENSACOLA, FLORIDA		City & State PENSACOLA, FLORIDA		4. FEI Number 59-3406335	
Zip 32501		Country ESCAMBIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, DAVID B 415 B N. TARRAGONA ST PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 N. TARRAGONA ST. City PENSACOLA FL Zip Code 32501	
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 _____ <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, 2006 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 P	NAME CARROLL, DAVID B		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 415 B. TARRAGONA STREET	CITY-ST-ZIP PENSACOLA, FL 32501		NAME 300 N. TARRAGONA ST.		
CITY-ST-ZIP PENSACOLA, FL 32501			STREET ADDRESS PENSACOLA, FL 32501		
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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: DAVID B. CARROLL			4/28/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			850-433-7337		
			<small>Daytime Phone #</small>		