
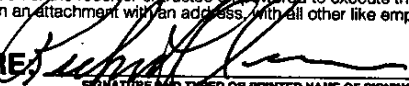


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90312 038 ***150.00

DOCUMENT # P97000001745 1. Entity Name GULF COAST INVESTMENTS OF TIERRA VERDE, INC.					
Principal Place of Business 200 MADONNA BLVD. TIERRA VERDE, FL 33715			Mailing Address 200 MADONNA BLVD. TIERRA VERDE, FL 33715		
2. Principal Place of Business		3. Mailing Address 11410 Fairfax Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Great Falls, Va		4. FEI Number 59-3417156	
Zip		Zip 22066		Country USA	
Country		Country fairfax		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD STE 2 LARGO, FL 33771				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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
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 QUINN, RICHARD A 200 MADONNA BLVD. TIERRA VERDE, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Quinn, Richard A. 11410 Fairfax Dr. Great Falls, Va 22066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COWELL, RONALD C 200 MADONNA BLVD TIERRA VERDE, FL 33715		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	
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	
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	
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 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  Richard A. Quinn 4/20/05 (703) 444-0368 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					