2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000016950

1. Entity Name
GULF COAST CONSULTING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5001 ALMAR DRIVE	5001 ALMAR DRIVE
PUNTA GORDA, FL 33950 US	PUNTA GORDA, FL 33950 US

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0738557	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

JOVANOVIC, DOUGLAS ESQ.
17 SE 24 AVE
POMPANO BEACH, FL 33062

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IHLE, HUBERT
STREET ADDRESS	5001 ALMAR DR
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	D
NAME	JOVANOVIC, DOUGLAS
STREET ADDRESS	17 SE 24TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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01/13/05-80030-024 150.00

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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: _____ H. Ihle if president _____ 1-11-05 941 6376682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #