


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000016950 1. Entity Name GULF COAST CONSULTING ENTERPRISES, INC.		
Principal Place of Business 5001 ALMAR DRIVE PUNTA GORDA, FL 33950 US	Mailing Address 5001 ALMAR DRIVE PUNTA GORDA, FL 33950 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOVANOVIC, DOUGLAS ESQ. 17 SE 24 AVE POMPANO BEACH, FL 33062		
DO NOT WRITE IN THIS SPACE		
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 reappointing)</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		
TITLE	PD	
NAME	HILE, 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		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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>Hubert H. Hile President 1-09-06 941 637 6682</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0738557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UD00000383317
01/12/06-80048-020 150.00

**DO NOT WRITE
IN THIS SPACE**