


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90307 011 ***150.00

DOCUMENT # P97000026271	
1. Entity Name GULF COAST CONSTRUCTION OF BAY COUNTY, INC.	

Principal Place of Business 5403 SUNSET AVE PANAMA CITY BEACH, FL 32408	Mailing Address 5403 SUNSET AVE PANAMA CITY BEACH, FL 32408
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2. Principal Place of Business 6314 Hilltop Ave Suite, Apt. #, etc.	3. Mailing Address 6314 Hilltop Ave Suite, Apt. #, etc.
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City & State Panama City Beach Zip 32408 Country Bay	City & State Panama City Beach, FL Zip 32408 Country Bay
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02142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WIGGINS, BRIAN 5403 SUNSET AVENUE PANAMA CITY BEACH, FL 32408	
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 Brian Wiggins Signature, typed or printed name of registered agent and title if applicable.	DATE 4-25-2005 (NOTE: Registered Agent signature required when reinstating)

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
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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 <input type="checkbox"/> Delete WIGGINS, BRIAN 3700 TREASURE COIL 6314 Hilltop Ave PANAMA CITY BEACH, FL 32408	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
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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 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 or without other like empowered.	
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SIGNATURE: 	Date 4-25-2005	Daytime Phone # 850 258 0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		