


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

<b>DOCUMENT # P97000054500</b>	
1. Entity Name <b>GULF COAST SUPPLY &amp; MANUFACTURING, INC.</b>	

**FILED**  
06 MAR 24 AM 10:26

Principal Place of Business RT. 1 BOX 112 HORSESHOE BEACH FL 32648	Mailing Address RT. 1 BOX 112 HORSESHOE BEACH FL 32648
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TALLAHASSEE, FLORIDA



2. Principal Place of Business 4020 SW 44th St Suite, Apt. #, etc.	3. Mailing Address 4020 SW 44th St Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

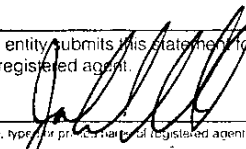
City & State Horseshoe Bch, FL Zip 32648 Country	City & State Horseshoe Bch, FL Zip 32648 Country
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4. FEI Number 59-3456271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHERRILL, JOHN 1ST STREET EAST HORSESHOE BEACH FL 32648	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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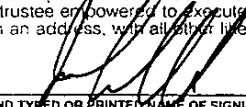
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3-13-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P REED, JEFF Hwy 35t HORSESHOE BEACH FL 32648	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP SHERRILL, JOHN 1ST STREET E HORSESHOE BEACH FL 32647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4024 SW 44th St	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4134 SW 44th St 32648	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400071651094 04/24/06--01070--023 **200.00	
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 life empowered.	
SIGNATURE: 	VP. John Sherrill 3/13-06 352-498-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

K. Eckel MAR 20 2006