2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

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DOCUI	MENT # P97000054500				FILED			
GULF COAST SUPPLY & MANUFACTURING, INC.					C	06 MAR 24 AN 10:	26	
Principal Plac	e of Business	Mailing Address			T.	Carlotte St.		
RT. I BOX 1	12	RT 1 BOX-112			1 14	ALLAHASSEE, FLORI	.C. \.A.	
HORSESHOI	E BEACH FL 32648	HOPRESHOE BEACH F	L 32648		188	NAME HAD HANN REREK AMIN MANT KANN BODIN BODIN	ÍMU EN UN UN	
2		(-						
2. Principal P	lace of Business	3. Mailing Address	11 1		- 1188	132004 310 10111 10011 0011 0011 00111 00111 00111	BIBBI BYYY B#341 A#1	1881 II 1881
4020	50449#5t	4000 ELD4	19th 5	+				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	15	t MOORE CR2E034	(10/05)	
City & Stat	EmpPrh IL	City & State	xh Z) =	30F110	4. FEI Numb	er 59-3456271	} - i	plied For t Applicable
2011	Country	201 110	Country		5. Certificate	of Status Desired	\$8.75 Add	itional
1,910,	6. Name and Address of Current R	39040	1		7 Nome on	d Address of New Registered	Fee Required	1
•	b. Name and Address of Current R	egistered Agent	Name		7. Name and	Address of New Registered	Agent	
SHERRILL JOHN								
1ST STREET EAST				Street Address (P.O. Box Number is Not Acceptable)				
HOF	RSESHOE BEACH FL 32648							
			City			- Fl	Zip Code	
		the purpose of changing its	registered office	or register	red agent, or bo	oth, in the State of Florida. I am	1	and accept
the obligat	tions of registered agreet.					2 /-		}
SIGNATURE	- Jal IV					3-15	10-8	\
	Signature, type for prince half of registered agent an	TOM) elebracidade it altri pr	Registered Agent sig	onature required	o when reinstating)	DATE.		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	State				Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND D	·	11.		ADDITIONS	CHANGES TO OFFICERS AN	D DIBECTORS	SIN 11
TITLE	P	☐ Delete	TITLE		, , , , , , , , , , , ,	70.11.41020 70 0.1102(10711	Change	Addition
NAME	REED, JEFF		NAME			hal		
STREET ADDRESS	HWY 35T		STREET ADDRE	s Hoar	15W449	[···]\		
CITY-ST-ZIP	HORSESHOE BEACH FL 32648		CITY-ST-ZIP					
TITLE	VP	Delete	TITLE				Change	Addition]
NAME CTREET ADDRESS	SHERRILL, JOHN IST STREET E		NAME STREET ADORE	cc 4134	4 SWJ449	ibSt		Ì
CHY-ST-ZIP	HORSESHOE BEACH FL 32647		CITY-ST-ZIP			32648		
TOLE		☐ Delete	TITLE		<u> </u>	250 ()	Change	Addition
NAME			NAME	İ	*		·	
STREET ADDRESS CITY-ST-ZIP			STREET ADORE	22	40)00716510: / <u>0601070023</u>	94	, ,
				-	U47247	<u>/NP==010/0==053 </u>		
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CITY-ST-ZIP			CITY-ST-ZIP	-		K Eckel M	IAD on	300c .
12. I hereby	certify that the information supplied with	this filing does not qualify	for the exemption	ns containe	ed in Section 11	19, Florida Statutes. I further ci	ertify that the i	AUUD niormation
indicated	certify that the information supplied with d on this report or supplemental report in progration or the receiver or trustee error ed, or on an attachment with an addyss	true and accurate and that a	my signature sha	all have the	same legal effe	ect as if made under oath; that	l am an officer	or director
if change	ed, or on an attachment with an addyss	s, with all all all the empowe	red.	, oapici 0	,onda olali		Dioon 101	sopon (1
CICNAT	TUDE:	4	11. 4	14 01	1.11 7	1/13-06 3	52.49	P. 12720
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	nn Jac		Date	Daytime Phone #	