


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000059564 1. Entity Name GULF COAST CUSTOM HOMES, INC.	
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Principal Place of Business 18140 BENES ROUSH BROOKSVILLE, FL 34609	Mailing Address 18140 BENES ROUSH BROOKSVILLE, FL 34609
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03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0798972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, WILLIE F SR. 18140 BENES ROUSH RD BROOKSVILLE, FL 34609
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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 Willie F. Wilson S/T DATE 4-15-05
(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, WILLIE F SR. 18140 BENES ROUSH RD BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, WILLIE F JR. 18140 BENES ROUSH ROAD BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, HILDA M 18140 BENES ROUSH ROAD BROOKSVILLE, FL 34609
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04/18/05-80146-004 150.00

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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: Hilda M. Wilson HILDA M. WILSON DATE 4-15-05 Daytime Phone # (352) 799-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR