

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059564

FILED
Apr 25, 2008
Secretary of State

Entity Name: GULF COAST CUSTOM HOMES, INC.

Current Principal Place of Business:

18140 BENES ROUSH
BROOKSVILLE, FL 34609

New Principal Place of Business:

18140 BENES ROUSH
BROOKSVILLE, FL 34604

Current Mailing Address:

18140 BENES ROUSH
BROOKSVILLE, FL 34609

New Mailing Address:

18140 BENES ROUSH
BROOKSVILLE, FL 34604

FEI Number: 65-0798972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, WILLIE F SR.
18140 BENES ROUSH RD
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

WILSON, WILLIE F SR.
18140 BENES ROUSH RD
BROOKSVILLE, FL 34604 US

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.

SIGNATURE:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, WILLIE F SR.
Address: 18140 BENES ROUSH RD
City-St-Zip: BROOKSVILLE, FL 34609

Title: VP () Delete
Name: WILSON, WILLIE F JR.
Address: 18140 BENES ROUSH ROAD
City-St-Zip: BROOKSVILLE, FL 34609

Title: ST () Delete
Name: WILSON, HILDA M
Address: 18140 BENES ROUSH ROAD
City-St-Zip: BROOKSVILLE, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, WILLIE F SR.
Address: 18140 BENES ROUSH RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP (X) Change () Addition
Name: WILSON, WILLIE F JR.
Address: 18140 BENES ROUSH ROAD
City-St-Zip: BROOKSVILLE, FL 34604

Title: ST (X) Change () Addition
Name: WILSON, HILDA M
Address: 18140 BENES ROUSH ROAD
City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA M WILSON

ST

04/25/2008

Electronic Signature of Signing Officer or Director

Date