
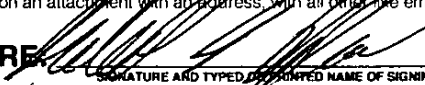


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90021 003 \*\*\*150.00

<b>DOCUMENT # P97000070713</b> 1. Entity Name GULF COAST YACHT SERVICES, INC.			
Principal Place of Business 3444 MARINATOWN LN #9 NORTH FT. MYERS, FL 33903 US		Mailing Address 3444 MARINATOWN LN #9 NORTH FT. MYERS, FL 33903 US	
2. Principal Place of Business - No P.O. Box # 5929 SANDBURG DR		3. Mailing Address 5929 SANDBURG DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. FT. MYERS, FL		City & State N. FT. MYERS, FL	
Zip 33903		Zip 33903	
Country USA		Country USA	
6. Name and Address of Current Registered Agent  JACOBS, RICHARD T <del>3444 MARINATOWN LN #9</del> 5929 SANDBURG DR NORTH FT. MYERS, FL 33903 N. FT. MYERS, FL 33903		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOBS, RICHARD T 3444 MARINATOWN LN #9 NORTH FT. MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOBS, RICHARD T. 5929 SANDBURG DR. N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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
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 exemptions contained 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 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.			
<b>SIGNATURE</b>  <b>Richard T. Jacobs</b> 2-21-07 235-652-0549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40023174



01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0776203

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**