

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000070713



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

Suite, Apt. #, etc.

3. Mailing Address

5929 SANDBURG DR

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

Zip 33903

Country USA

City & State

N. FT. MYERS, FL

Zip 33903

Country USA

6. Name and Address of Current Registered Agent

JACOBS, RICHARD T
3444 MARINATOWN LN #9
NORTH FT. MYERS, FL 33903
33903

4. FEI Number

65-0776203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOBS, RICHARD T 3444 MARINATOWN LN #9 NORTH FT. MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOBS, RICHARD T. 5929 SANDBURG DR. N. FT. MYERS, FL 33903	<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
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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 file empowered.

SIGNATURE

Richard T. Jacobs 2-21-07 239-652-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40023174



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