

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000070713

1. Entity Name

GULF COAST YACHT SERVICES, INC.



**FILED
Apr 29, 2008 8:00 am
Secretary of State**

04-29-2008 90096 003 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
5929 SANDBURG DR. NORTH FT. MYERS FL 33903 US		5929 SANDBURG DR. NORTH FT. MYERS FL 33903 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JACOBS, RICHARD T 3444 MARINATOWN LN #9 NORTH FT. MYERS FL 33903			
5929 SANDBURG DR. N. FT. MYERS, FL 33903			
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, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME JACOBS, RICHARD T STREET ADDRESS 3444 MARINATOWN LN #9 CITY-ST-ZIP NORTH FT. MYERS FL 33903		TITLE PTD NAME JACOBS, RICHARD T. STREET ADDRESS 5929 SANDBURG DR. CITY-ST-ZIP N. FT. MYERS, FL 33903	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0549