

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90023 035 ***150.00

DOCUMENT # P98000039319					
1. Entity Name GULF COAST DEVELOPERS, INC.					
Principal Place of Business 3300 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955			Mailing Address P. O. BOX 511748 PUNTA GORDA, FL 33951-1748		
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		
4. FEI Number 65-0832044			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, JAMES E III 1625 W MARION AVE STE 2 PUNTA GORDA, FL 33950			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ECKHOFF, WILLIAM D		<input type="checkbox"/> Delete		
STREET ADDRESS 3297 SUNSET KEY CIR	PUNTA GORDA, FL 33955		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	PUNTA GORDA, FL 33955		CITY - ST - ZIP		
TITLE VP	NAME ECKHOFF, LINDA K		<input type="checkbox"/> Delete		
STREET ADDRESS 3297 SUNSET KEY CIR	PUNTA GORDA, FL 33955		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	PUNTA GORDA, FL 33955		CITY - ST - ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/6/07					
Daytime Phone #					