

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000052411

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST PRECAST, INC.

**Current Principal Place of Business:**

2506 PRECAST CT  
FT. MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

2506 PRECAST CT  
FT. MYERS, FL 33916 US

**New Mailing Address:**

**FEI Number:** 65-0863678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VAN CAVAGE, SANDRA L  
1388 PLUMOSA DR  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: VAN CAVAGE, SANDRA L  
Address: 1388 PLUMOSA DR  
City-St-Zip: FT. MYERS, FL 33901

Title: DP  
Name: GORRELL, JAMES E  
Address: 412 PKWY. CT.  
City-St-Zip: FT. MYERS, FL 33919

Title: DT  
Name: VAN CAVAGE, JOSEPH J  
Address: 1388 PLUMOSA DR.  
City-St-Zip: FORT MYERS, FL 33901

Title: DS  
Name: GORRELL, PATRICIA  
Address: 412 PKWY. CT.  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: SANDRA VAN CAVAGE

DV

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date