

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000014123 1. Entity Name GULF COAST PRECISION ENTERPRISES, INC.	
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Principal Place of Business 425 WEST GRACE STREET PUNTA GORDA, FL 33950	Mailing Address 425 WEST GRACE STREET PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0901371	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASSA, MARIO G 425 WEST GRACE STREET PUNTA GORDA, FL 33950

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MASSA, MARIO G 425 W GRACE STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MASSA, MARIO G 425 W. GRACE STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEWART, MARK 23509 HAROLD AVE PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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 like empowered.

SIGNATURE: Mark Stewart 3-3-06 (941) 628-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #