

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000014123

1. Entity Name
GULF COAST PRECISION ENTERPRISES, INC.



Principal Place of Business
**425 WEST GRACE STREET
PUNTA GORDA, FL 33950**

Mailing Address
**425 WEST GRACE STREET
PUNTA GORDA, FL 33950**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

**000000613634
02/05/07-80046-011 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07 (941) 628-6116
Date Daytime Phone #