


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000019896</b> 1. Entity Name GOLDCOAST ASSOCIATES, INC.	
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Principal Place of Business P.O. BOX 13 CLEARWATER, FL 33757	Mailing Address P.O. BOX 13 CLEARWATER, FL 33757
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3573301	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WILSON, DELON 1429 SATSUMA ST CLEARWATER, FL 33756
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LEE 1332 BUCKINGHAM CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DELON 1332 BUCKINGHAM CLEARWATER, FL 33756
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04/16/07-800009-021 150.00

**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:** Delon Wilson 3 April 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #