

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 033 ***150.00

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1. Entity Name
GULF COAST TRAILERS SALES & SERVICE, INC.



Principal Place of Business
1222 SE 9TH TERRACE
CAPE CORAL, FL 33990

Mailing Address
C/O ROBERT D. ROYSTON, JR.
PO DRAWER 60205
FORT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

Country

JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

01212008 Chg-P CR2E034 (12/06)

4. FEI Number

65-0910499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907

Name

Street

City

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KEITH, LEISA
STREET ADDRESS 349 SE 47 TERRACE
CITY-STATE-ZIP CAPE CORAL, FL 33904

TITLE VP ☐ Delete
NAME KEITH, WILLIAM O
STREET ADDRESS 349 SE 47TH TERRACE
CITY-STATE-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

4/27/08

574-5566