2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# P99000029464

Entity Name: GULF COAST AUTO WHOLESALE, INC.

Current Principal Place of Business:

1103 NORTH EGLIN PARKWAY
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

1103 NORTH EGLIN PARKWAY
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3568334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBUS, JAMES L
53 EGLIN STREET
FORT WALTON BEACH, FL 32547 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: PD ( ) Delete
Name: MARSHALL, TIMOTHY S
Address: 1103 NORTH EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: VPD ( ) Delete
Name: MARSHALL, LINDA K
Address: 1103 NORTH EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: SD ( ) Delete
Name: VOIT, LORRAINE
Address: 89-A 4TH AVENUE
City-St-Zip: SHALIMAR, FL 32549

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD ( ) Change (X) Addition
Name: BROWN, CYRIL A
Address: 90 CEDAR ISLAND ROAD
City-St-Zip: PERRY, FL 32348 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY S MARSHALL PD 05/05/2005

Electronic Signature of Signing Officer or Director — Date