

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 017 ***158.75

DOCUMENT # P99000030447

1. Entity Name

GULF COAST HOSPITALITY INDUSTRIES, INC.



Principal Place of Business

5051 CASTELLO DR
#30
NAPLES FL 34103

Mailing Address

5051 CASTELLO DR
#30
NAPLES FL 34103



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9920
Springlake Circle
Suite, Apt. #, etc.
Estero,

City & State

Florida

City & State

Zip

Country

Zip

33928

Country

4. FEI Number

65-0910817

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

NIKONOV, SERGEI
5051 CASTELLO DR
#30
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Nikonov, Sergei

Street Address (P.O. Box Number is Not Acceptable)

9920 Springlake Circle

City

Estero

FL

Zip

33928

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 file if applicable

(NOTE: Registered Agent signature required when filing)

DATE

S. H. - Sergei Nikonov, president 03.01.06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NIKONOV, SERGEI
STREET ADDRESS 5051 CASTELLO DR #30
CITY-ST-ZIP NAPLES FL 34103

TITLE STD ☒ Delete
NAME NIKONOV, IRINA
STREET ADDRESS 5051 CASTELLO DR #30
CITY-ST-ZIP NAPLES FL 34103

TITLE V ☐ Delete
NAME FACONE, GEORGE
STREET ADDRESS 5051 CASTELLO DR #30
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE STD ☒ Change ☐ Addition
NAME NIKONOV, Sergei
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

S. H. - Sergei Nikonov 03.01.06 239.4306239