

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 005 ***158.75

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1. Entity Name

GULF COAST HOSPITALITY INDUSTRIES, INC.



Principal Place of Business

5051 CASTELLO DR
#30
NAPLES FL 34103

Mailing Address

9920 SPRINGLAKE CIR
ESTERO FL 33928



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0910817

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

NIKONOV, SERGEI
9920 SPRING LAKE CIR
ESTERO FL 33928

Name

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

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Sergei Nikonov 04.14.07 239-4306239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #