



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90180 010 ***150.00

DOCUMENT # P99000044864 1. Entity Name GULF COAST INSURANCE SERVICES, INC.					
Principal Place of Business 2203 N. LOIS AVE., STE 922 TAMPA, FL 33607			Mailing Address 751 CORAL REEF DRIVE TAMPA, FL 33602		
2. Principal Place of Business 13036 N DALE MABRY HWY		3. Mailing Address 13036 N. DALE MABRY HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04042006 Chg-P CR2E034 (11/05)	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 59-3578996	
Zip 33618		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, SCOTT O 751 CORAL REEF DR TAMPA, FL 33602				7. Name and Address of New Registered Agent Name SCOTT CHAPMAN Street Address (P.O. Box Number is Not Acceptable) 13036 N. DALE MABRY HWY City TAMPA FL Zip Code 33618	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, SCOTT O 2203 N. LOIS AVE., STE 922 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT CHAPMAN 13036 N. DALE MABRY HWY TAMPA, FLORIDA 33618
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

Scott Chapman President 4/25/06