

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062398

Entity Name: GULF COAST AIR CARE, INC.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

206-B MCCLURE DR
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1265 HOLLIDAY DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3356131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. ORES, KATHY L
1265 HOLLIDAY DRIVE
GULF BREEZE, FL 32563 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ST. ORES, KATHY L
Address: 1265 HOLLIDAY DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: ST. ORES, TODD A
Address: 1265 HOLLIDAY DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: BROWN, MICHAEL
Address: 2057 RESERVATION RD
City-St-Zip: GULF BREEZE, FL 32563

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHY ST.ORES

V.P.

01/29/2007

Electronic Signature of Signing Officer or Director

Date