

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000062398

**Entity Name:** GULF COAST AIR CARE, INC.

**FILED**  
**Jan 06, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATHY ST.ORES

VP

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date