

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90215 036 ***150.00

DOCUMENT # S36199

1. Entity Name

GOLD COAST CASH REGISTER SALES, INC.



Principal Place of Business

1336 VICKERS DR
TALLAHASSEE FL 32303
US

Mailing Address

1336 VICKERS DR
TALLAHASSEE FL 32303
US

2. Principal Place of Business

23650 Aucilla Landing Rd
Suite, Apt. #, etc.

3. Mailing Address

23650 Aucilla Landing Rd
Suite, Apt. #, etc.

City & State

Lamont, Florida

City & State

Lamont, Florida

4. FEI Number

59-3047064

Applied For

Not Applicable

Zip

32336

Country

Taylor

Zip

32336

Country

Taylor

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSEN, JAMES P
1336 VICKERS DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 James P. Jacobsen Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

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 D ☐ Delete
NAME JACOBSEN, JAMES P.
STREET ADDRESS 2826 GREEN FOREST LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME KEMMER, LISA MARIE
STREET ADDRESS 104 LANCER COURT
CITY-ST-ZIP CLARKSVILLE TN

TITLE D ☐ Delete
NAME JACOBSEN, MARY ELLEN
STREET ADDRESS 2826 GREEN FOREST LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME JACOBSEN, TONI LYNN
STREET ADDRESS 626 MAPLE TOP
CITY-ST-ZIP ANTIOCH TN 37013

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

TITLE ☐ Change ☐ Addition
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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: Mary Ellen Jacobsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ELLEN JACOBSEN 4/13/06 850-323-2446

Date

Daytime Phone #