

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # S36199

1. Entity Name
GOLD COAST CASH REGISTER SALES, INC.



Principal Place of Business

23650 AUCILLA LANDING ROAD
LAMONT, FL 32336 US

Mailing Address

23650 AUCILLA LANDING ROAD
LAMONT, FL 32336 US



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3047064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSEN, JAMES P
23650 AUCILLA LANDING RD
LAMONT, FL 32336

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBSEN, JAMES P.
STREET ADDRESS 23650 AUCILLA LANDING RD
CITY-ST-ZIP LAMONT, FL 32336

TITLE D
NAME KEMMER, LISA MARIE
STREET ADDRESS 2996 OAK GLENN LANE
CITY-ST-ZIP CLARKSVILLE, TN

TITLE D
NAME JACOBSEN, MARY ELLEN
STREET ADDRESS 23650 AUCILLA LANDING RD
CITY-ST-ZIP LAMONT, FL 32336

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000784659
01/16/08-80065-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/08

850-223-3446