2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# S36199

Entity Name: GOLD COAST CASH REGISTER SALES, INC.

Current Principal Place of Business:

23650 AUCILLA LANDING ROAD
LAMONT, FL 32336 US

New Principal Place of Business:

Current Mailing Address:

23650 AUCILLA LANDING ROAD
LAMONT, FL 32336 US

New Mailing Address:

FEI Number: 59-3047064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSEN, JAMES P
23650 AUCILLA LANDING RD
LAMONT, FL 32336 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: D ( ) Delete
Name: JACOBSEN, JAMES P.,
Address: 23650 AUCILLA LANDING RD
City-St-Zip: LAMONT, FL 32336

Title: D ( ) Delete
Name: KEMMER, LISA MARIE,
Address: 2996 OAK GLENN LANE
City-St-Zip: CLARKSVILLE, TN

Title: D ( ) Delete
Name: JACOBSEN, MARY ELLEN,
Address: 23650 AUCILLA LANDING RD
City-St-Zip: LAMONT, FL 32336

Title: D ( ) Delete
Name: JACOBSEN, TONI LYNN,
Address: 626 MAPLE TOP
City-St-Zip: ANTIOCH, TN 37013

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES P. JACOBSEN PRES 02/20/2009

Electronic Signature of Signing Officer or Director Date