


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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| DOCUMENT # S47041 |  |
| 1. Entity Name GULFCOAST ACCOUNTING & TAX SERVICES, INC. | |

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| Principal Place of Business 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US | Mailing Address 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US |
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01122005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3058568 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GABLE, RUTHANN M. 12099 KAY DRIVE SEMINOLE, FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST GABLE, RUTHANN M. 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772 |
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| U000000307487 04/15/05-80056-025 150.00 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruthann M Gable* Ruthann M Gable, President **X** 4-13-05 727-391-9918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #