


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90033 036 ***150.00

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

| | |
|---|---|
| Principal Place of Business 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US | Mailing Address 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40044965



03262007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3058568 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GABLE, RUTHANN M. 12099 KAY DRIVE SEMINOLE, FL | 7. Name and Address of New Registered Agent Name William D Gable, Jr Street Address (P.O. Box Number is Not Acceptable) 7777 Seminole Blvd, 2nd Floor City Seminole FL Zip Code 33772 |
|---|--|

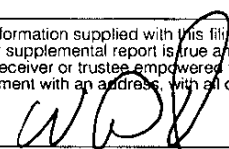
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  03/26/07
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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GABLE, RUTHANN M. 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST William D Gable, Jr 7777 Seminole Blvd, 2nd Floor Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GABLE, RUTHANN M. 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William D Gable, Jr 7777 Seminole Blvd, 2nd Floor Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  William D Gable, Jr, President 3/27/07 727-391-9918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #