

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47041

FILED
Mar 30, 2009
Secretary of State

Entity Name: GULFCOAST ACCOUNTING & TAX SERVICES, INC.

Current Principal Place of Business:

7777 SEMINOLE BLVD
2ND FLOOR
SEMINOLE, FL 33772 US

New Principal Place of Business:

7985 113TH ST N
SUITE 330
SEMINOLE, FL 33772 US

Current Mailing Address:

7777 SEMINOLE BLVD
2ND FLOOR
SEMINOLE, FL 33772 US

New Mailing Address:

7985 113TH ST N
SUITE 330
SEMINOLE, FL 33772 US

FEI Number: 59-3058568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABLE, WILLIAM D JR
7777 SEMINOLE BLVD 2ND FL
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

GABLE, WILLIAM D JR
7985 113TH ST N SUITE 330
SEMINOLE, FL 33772 US

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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GABLE, WILLIAM D JR
Address: 7777 SEMINOLE BLVD, 2ND FLOOR
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: GABLE, WILLIAM D JR
Address: 7777 SEMINOLE BLVD, 2ND FLOOR
City-St-Zip: SEMINOLE, FL 33772

Title: S () Delete
Name: GABLE, RUTHANN M
Address: 7777 SEMINOLE BLVD 2ND FL
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GABLE, WILLIAM D JR
Address: 7985 113TH ST N SUITE 330
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Change () Addition
Name: GABLE, WILLIAM D JR
Address: 7985 113TH ST N SUITE 330
City-St-Zip: SEMINOLE, FL 33772

Title: S (X) Change () Addition
Name: GABLE, RUTHANN M
Address: 7985 113TH ST N SUITE 330
City-St-Zip: SEMINOLE, FL 33772

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: WILLIAM D GABLE JR

PT

03/30/2009

Electronic Signature of Signing Officer or Director

Date