# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# S60550

**Entity Name:** GULF COAST TITLE SERVICES, INC.

**Current Principal Place of Business:**

32815 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

32815 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number: 59-3069272** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEHLAU, CHERYL L
32815 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

SORENSEN, HENRY T II
32815 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 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: HENRY T SORENSEN II 04/27/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete
Name: WEHLAU, CHERYL L
Address: 4942 FELICITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP (X) Delete
Name: WEHLAU, JOHN T
Address: 4942 FELICITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP (X) Delete
Name: TAYLOR, DAVID B
Address: 4435 SERENITY TRAIL
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP (X) Delete
Name: WALSH, CYNTHIA T
Address: 1526 SAN MATEO DR
City-St-Zip: DUNEDIN, FL 34698

Title: DVP (X) Delete
Name: TAYLOR, ELSIE FAYE
Address: 4435 SERENITY TRAIL
City-St-Zip: PALM HARBOR, FL 34685

Title: DP (X) Delete
Name: SORENSEN, HENRY T II
Address: 10610 WEYBRIDGE DR
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: WEHLAU, CHERYL L
Address: 3009 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDMUND J OMAN CFO 04/27/2005
Electronic Signature of Signing Officer or Director Date