

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V62047

1. Entity Name
GULF COAST DREAM HOMES, INC.



Principal Place of Business

**2803 SUGAR RIDGE WAY
VALRICO, FL 33594**

Mailing Address

**2803 SUGAR RIDGE WAY
VALRICO, FL 33594**



02102006 No Chg-13 CH2E034 (11/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3141444	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STRATTON, DAVID
2803 SUGAR RIDGE WAY
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRATTON, DAVID 2803 SUGAR RIDGE WAY VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD STRATTON, DAVID 2803 SUGAR RIDGE WAY VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D SMITH, CLYDE E 2803 SUGAR RIDGE WAY VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/06 80005-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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: David Stratton **DAVID STRATTON** 14 Feb 2006 (813) 622-4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #