2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V62047

1. Entity Name
GULF COAST DREAM HOMES, INC.

Principal Place of Business	Mailing Address
2803 SUGAR RIDGE WAY VALRICO, FL 33594	2803 SUGAR RIDGE WAY VALRICO, FL 33594

07242008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRATTON, DAVID
STREET ADDRESS	2803 SUGAR RIDGE WAY
CITY-ST-ZIP	VALRICO, FL
TITLE	PSTD
NAME	STRATTON, DAVID
STREET ADDRESS	2803 SUGAR RIDGE WAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP/D
NAME	SMITH, CLYDE E
STREET ADDRESS	2803 SUGAR RIDGE WAY
CITY-ST-ZIP	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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09/11/08-80004-022 158.75

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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 Sept 8, 2008 813-622-4501 813-654-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #