


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V64884
 1. Entity Name
GULF COAST NAIL & STAPLE, INC.



Principal Place of Business Mailing Address
17162 ALCIO CENTER RD **17162 ALCIO CENTER RD**
UNIT #1 **UNIT #1**
FT MYERS, FL 33967 US **FT MYERS, FL 33967 US**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0358938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARTZ, RICHARD E JR
17162 ALCIO CENTER RD
UNIT #1
FORT MYERS, FL 33912

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DT DEVIC, YANNICK 4409 SE 16TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTZ, RICHARD E JR 17162 ALCIO CENTER RD UNIT #1 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARTZ, RICHARD E JR 17162 ALCIO CENTER RD UNIT #1 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEVIC, YANNICK 4409 SE 16TH PL STE 10A CAPE CORAL, FL 33904
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 05/16/08-60030-016 158.75

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____