

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 023 ***150.00

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1. Entity Name

GULF FRONT PROPERTIES CORPORATION



Principal Place of Business

14113 PERDIDO KEY DRIVE
PENSACOLA FL 32507

Mailing Address

14113 PERDIDO KEY DRIVE
PENSACOLA FL 32507



2. Principal Place of Business - No P.O. Box #

13700 Perdido Key Dr

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Pensacola, FL

City & State

4. FEI Number 91-2185737

Applied For

Not Applicable

Zip

32507

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSELL, BRUCE C
14113 PERDIDO KEY DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Glassell, Bruce C

Street Address (P.O. Box Number is Not Acceptable)

13700 Perdido Key Dr.

City

Pensacola

FL

Zip Code

32507

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 is replicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	GLASSELL, BRUCE C	
STREET ADDRESS	14113 PERDIDO KEY DRIVE	
CITY ST ZIP	PENSACOLA FL 32507	
TITLE	VP	☐ Delete
NAME	FARR, ASHLEY G	
STREET ADDRESS	14113 PERDIDO KEY DRIVE	
CITY ST ZIP	PENSACOLA FL 32507	
TITLE	S	☐ Delete
NAME	RAPIER, BECKIE	
STREET ADDRESS	14113 PERDIDO KEY DRIVE	
CITY ST ZIP	PENSACOLA FL 32507	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

850.492.5222