

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 014 ***150.00

DOCUMENT # P98000005438

1. Entity Name
GULF MARINE OPERATORS, INCORPORATED



Principal Place of Business
1201 OAKFIELD DRIVE
BRANDON, FL 33511

Mailing Address
1201 OAKFIELD DRIVE
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3493601

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, WILLIAM H
8259 CAUSEWAY BLVD.
TAMPA, FL 33619

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YOUNG, WILLIAM H
STREET ADDRESS	502 LISA LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	YOUNG, WILLIAM H
STREET ADDRESS	502 LISA LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	KIMBRELL, JAMES
STREET ADDRESS	P O BOX 5797
CITY-ST-ZIP	TAMPA, FL 33675
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #