

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058258

FILED
Jan 04, 2008
Secretary of State

Entity Name: GULFSHORE HOME INSPECTIONS, INC.

Current Principal Place of Business:

25334 PINSON DR.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

25334 PINSON DR.
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

25334 PINSON DR.
BONITA SPRINGS, FL 34135

New Mailing Address:

25334 PINSON DR.
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0854397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASON, CAMERON
25334 PINSON DR.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, CAMERON
Address: 25334 PINSON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: MASON, DONNA
Address: 25334 PINSON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: MASON, JOSHUA
Address: 25334 PINSON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASON, CAMERON
Address: 25334 PINSON DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: ST (X) Change () Addition
Name: MASON, DONNA
Address: 25334 PINSON DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP (X) Change () Addition
Name: MASON, JOSHUA
Address: 25334 PINSON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MASON

VP

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date