

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009769

FILED
Jan 05, 2004
Secretary of State

Entity Name: GULF SHORE CREDIT CORP.

Current Principal Place of Business:

2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0561862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERZENY, RUBEN
2110 NORTH TAMIAMI TRAIL
NOKOMIS, FL 34275

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: D () Delete
Name: GERZENY, RUBEN
Address: 224 KEEL WAY
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: GERZENY, BEVERLY
Address: 224 KEEL WAY
City-St-Zip: OSPREY, FL

Title: DP () Delete
Name: GERZENY, STEVEN
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: DS () Delete
Name: DAVIDSON, EDDIE
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: DT () Delete
Name: GERZENY, DAVID
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

Title: DV () Delete
Name: GERZENY, MATTHEW
Address: 2110 N. TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ED DAVIDSON

S

01/05/2004

Electronic Signature of Signing Officer or Director

Date