


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 328583**  
 1. Entity Name  
**GULF FLORIDA LAND CORPORATION**



Principal Place of Business      Mailing Address  
 207 ATKINS RD.      P O BOX 327  
 GEORGETOWN, FL 32139 US      GEORGETOWN, FL 32139 US

**DO NOT WRITE IN THIS SPACE**



02012004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1215796**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ATKINS, WYMAN  
 207 ATKINS ROAD  
 GEORGETOWN, FL 32139

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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: *[Signature]*      DATE: **2-10-04**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

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

000000051672  
 02/16/04-80061-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, WYMAN 207 ATKINS RD GEORGETOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ATKINS, ROSA L. 207 ATKINS RD. GEORGETOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]*      Date: **02-10-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #