
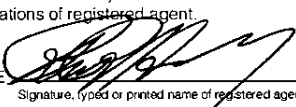
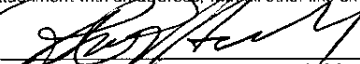


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90021 025 \*\*\*\*61.25

<b>DOCUMENT # N01000006886</b> 1. Entity Name <b>GULF OF MEXICO STATES PARTNERSHIP, INC.</b>					
Principal Place of Business <b>HENDRY, STONER, DELANCETT, &amp; BROWN PA</b> <b>200 E. ROBINSON ST., STE. 500</b> <b>ORLANDO, FL 32801-1956</b>			Mailing Address <b>HENDRY, STONER, DELANCETT, &amp; BROWN PA</b> <b>200 E. ROBINSON ST., STE. 500</b> <b>ORLANDO, FL 32801-1956</b>		
2. Principal Place of Business <b>20 N. Orange Ave., Ste 407</b> Suite, Apt. #, etc.			3. Mailing Address <b>20 N. Orange Ave., Ste 407</b> Suite, Apt. #, etc.		
City & State <b>Orlando, Florida</b>			City & State <b>Orlando, Florida</b>		
Zip <b>32801</b>		Country <b>USA</b>		4. FEI Number <b>59-3747735</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLORIDA CORPORATE SUPPORT, INC.</b> <b>HENDRY, STONER, DELANCETT &amp; BROWN, P.A.</b> <b>200 E. ROBINSON ST., STE. 500</b> <b>ORLANDO, FL 32801-1956</b>			7. Name and Address of New Registered Agent Name <b>Hendry, Stoner, Delancett &amp; Brown, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20 N. Orange Ave</b> Suite 407 City <b>Orlando</b>		
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  <b>President ROBERT R. HENDRY</b> <b>3/25/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGER, GARY L 1930 DOLPHIN BLVD. S. ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HERZSTEIN, ROBERT 655 15TH ST. NW WASHINGTON, DC 20005	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, ROBERT R 200 E. ROBINSON ST., STE. 500 ORLANDO, FL 328011956	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ-MIER, MANUEL PISO 2 COL. LOS MORALES POLAASO MEXICO, DF 11515	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTER, PHILLIP 717 D STREET STE 310 WASHINGTON, DC 20004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UPTON, ELLEN M 5123 MUSSELLSHELL DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S Upton, Mary Ellen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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:  <b>Robert R. HENDRY Director</b> <b>3/25/04</b> 407-843-5880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54023126



03082004 Chg-NP CR2E037 (10/03)

Attachment

Doc. # N01000006886

524023126

**2004 UNIFORM BUSINESS REPORT (continued)**

**DOCUMENT # N01000006886**

**GULF OF MEXICO STATES PARTNERSHIP, INC.**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**

Title	D	Addition
Name	McKay, Benjamin J.	
Street Address	Office of Congresswoman Katherine Harris	
Street Address	116 Cannon Building	
City - St - Zip	Washington, DC 20515	

Title	D	Addition
Name	Ruiz, Marco Miguel Munoz	
Street Address	Blvd. M. Avila Camacho No. 201	
Street Address	Col. Flores Magon C.P. 91900	
City - St - Zip	Veracruz, Ver. Mexico	

Title	T/D	Addition
Name	Vivero, Jose	
Street Address	Century Bank of Florida	
Street Address	716 West Fletcher Avenue	
City - St - Zip	Tampa, Florida 33612	

Title	D	Addition
Name	Montero, Jesus Rodriguez	
Street Address	Inter-American Development Bank	
Street Address	4701 Willard Avenue, Apt. 1104	
City - St - Zip	Chevy Chase, Maryland 20815	