

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90081 050 ****61.25

DOCUMENT # N99000006110

1. Entity Name
GULFSHORE SHOOTOUT, INC.



Principal Place of Business
**4200 GULFSHORE BLVD NORTH
NAPLES, FL 34103**

Mailing Address
**4200 GULFSHORE BLVD NORTH
NAPLES, FL 34103**

44035101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

31-1712101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, C NEIL
850 PARK SHORE DR, 3RD FL
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CONSOLINO, JOE**
CITY-ST-ZIP **5600 COUGAR DR
NAPLES, FL 34109**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUTMAN, HOWARD**
CITY-ST-ZIP **4200 GULFSHORE BLVD NORTH
NAPLES, FL 34103**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARMALAVAGE, RICK**
CITY-ST-ZIP **1845 TRADE CENTER WAY
NAPLES, FL 34109**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DEFURIO, CARL**
CITY-ST-ZIP **5600 COUGAR DR
NAPLES, FL 34109**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HORNBECK, BUD**
CITY-ST-ZIP **671 GOODLETTE RD N
NAPLES, FL 34102**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEWIS, PHIL**
CITY-ST-ZIP **1075 CENTRAL AVE
NAPLES, FL 34102**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **BUNNELL, JAMES**
CITY-ST-ZIP **3406 ENTERPRISE AVE
NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Bunnell, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

239-643-3343
Daytime Phone #