

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024065

Entity Name: GULF CONNECTORS, INC.**Current Principal Place of Business:**160 AIRPARK BLVD UNIT 104
IMMOKALEE, FL 34142**Current Mailing Address:**160 AIRPARK BLVD.
IMMOKALEE, FL 34142 US**FEI Number:** 20-2319895**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67 CT N
LOXAHATCHEE, FL 33470 US*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**Officer/Director Detail :**

Title	CEO
Name	MICHELL, ADRIAN
Address	160 AIRPARK BLVD UNIT 104
City-State-Zip:	IMMOKALEE FL 34142

Title	DIRECTOR
Name	MICHELL, ADRIAN
Address	160 AIRPARK BLVD UNIT 104
City-State-Zip:	IMMOKALEE FL 34142

Title	SECRETARY
Name	LANGSTON, MINETTE
Address	160 AIRPARK BLVD UNIT 104
City-State-Zip:	IMMOKALEE FL 34142

Title	TRUSTEE
Name	MICHELL, LEWIS
Address	160 AIRPARK BLVD UNIT 104
City-State-Zip:	IMMOKALEE FL 34142

Title	DIRECTOR
Name	ADAIR, ROBIN
Address	160 AIRPARK BLVD UNIT 104
City-State-Zip:	IMMOKALEE FL 34142

I hereby 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 all other like empowered.

SIGNATURE: ADRIAN MICHELL**DIRECTOR****03/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date