## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 25, 2005 8:00 am **Secretary of State DOCUMENT # 237842** 1. Entity Name 03-25-2005 90021 037 \*\*\*150 00 GULF-SHAMROCK, INC. Principal Place of Business Mailing Address PO BOX 637 VENICE FL 34284 500 BASH AVE VENICE FL 34285 2. Principal Place of Business 3. Mailing Address C470 BEECHWOOD AUE. 500 BASE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied Fo City & State City & State 4. FEI Number FL 59-0903983 SARASOTA VENICE Not Applica Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34285 USA 34231 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -HILL, JOHN P III 6470 BEECHWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 City 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 acc the obligations of registered agent. 3/18/05 Signature, typed or printed name of registered agent and title if applicable PRESIDEN Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PRESIDENT TITLE **PVST** TITLE Change **Delete** HILL, WOHM P, IIL HILL, JOHN P. III MARKE MAME CHTO BEACH WOOD AVE 470 BEECHWOOD AVE. STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP CITY-ST-7/P SARASOTA, KL 34231 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Ad6 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Add TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-7IP 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 direct 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 ochanged, or on an attachment with an address, with all other like empowered.

FILED

3/18/05 941-924-1671 Date Daying Phone #