

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 262734

1. Entity Name
GULF CENTRAL DISTRIBUTION CENTER, INC.



Principal Place of Business

**4535 S. DALE MABRY
TAMPA, FL 33611**

Mailing Address

**4535 S. DALE MABRY
TAMPA, FL 33611**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0997876

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAN MARTIN, JIMMY J
4535 S. DALE MABRY
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAN MARTIN, JIMMY (SRVP)
STREET ADDRESS	4535 S DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	VD
NAME	SAN MARTIN, LILY
STREET ADDRESS	4535 S DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	T
NAME	TERLIZZI, GINA
STREET ADDRESS	4535 S DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	S
NAME	KOSTO, MICHELLE
STREET ADDRESS	4535 S DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	V
NAME	LYLE, JOYCE A
STREET ADDRESS	4535 S DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000274761
03/24/05-80024-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

JIMMY SAN MARTIN, JR - CEO

3/17/05 813-837-5602