

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90001 008 ***150.00

DOCUMENT # 267571

1. Entity Name
GULF CENTRAL CORPORATION



Principal Place of Business Mailing Address
7819 PROFESSIONAL PL. 7819 PROFESSIONAL PL.
TAMPA, FL 33637 TAMPA, FL 33637

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-0995850 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PLUMLEY, S.C.
12507 SHADOW RUN BLVD.
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name
STEIN, MELISSA J.
Street Address (P.O. Box Number is Not Acceptable)
6625 SUMMER COVE DR
RIVERVIEW, FL 33569
City
RIVERVIEW FL Zip Code
33569

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 **MELISSA J. STEIN PDT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/13/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	PLUMLEY, S.C.	
STREET ADDRESS	PO BOX 2178	
CITY-ST-ZIP	RIVERVIEW, FL 335682178	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PLUMLEY, VIVIAN D.	
STREET ADDRESS	PO BOX 2178	
CITY-ST-ZIP	RIVERVIEW, FL 335682178	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEIN, MELISSA J	
STREET ADDRESS	6625 SUMMER COVE DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMLEY, S. C.	
STREET ADDRESS	P.O. BOX 2178	
CITY-ST-ZIP	RIVERVIEW, FL 33568-2178	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMLEY, VIVIAN D.	
STREET ADDRESS	P.O. BOX 2178	
CITY-ST-ZIP	RIVERVIEW, FL 33568-2178	
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MELISSA J.	
STREET ADDRESS	6625 SUMMER COVE DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **MELISSA J. STEIN, PDT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 813-985-3185

Date Daytime Phone #