2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Nam	# 272305				Mar 05, 2004 08:00 AM Secretary of State						
GULF CU	ASI HEA	LTY, INC.					7				
Principal Place of Business Mailing Address						1	1				
908 PITTS AVE PANAMA CITY FL 32404				908 PITTS AVE PANAMA CITY FL 32404							
		<u>-</u> .						E 1888/18 AMII IMMIN IIMSE 3332 88288 833	1 1111 11111 1111	8 48888 8888 810 1	1881 II 1888
2. Principal P	Place of Busin	3. Mailing Address				1					
Suite, Apt,	#, etc.	Suite, Apt. #. etc.				-	MOORE CF	32E034	(11/03)		
City & Stat	le		City & State				4.	FEI Number 59-1107924			plied For t Applicable
Zip	Zip Country		Zip		Соиг	stry	5.	Certificate of Status Desired		8.75 Add	itional
	6. Name	and Address of Current	Register	ed Agent	3		7. 1	Name and Address of New Reg			
HUGHES, GEORGE M.						Name					
908 PITTS AVE PANAMA CITY FL 32404						Street Address	s (P.O. E	Box Number is Not Acceptable)			
r Air	NAIVIA CIT	1116 32404									
						City			FL	Zip Code	
	named entit tions of regis		or the purp	oose of changing its	register	ed office or regist	ered ag	gent, or both, in the State of Florid	la. I am fa	miliar with,	and accept
SIGNATURE											
		i or printed name of registered agent	and title if app	plicable (NOTI	E Reprotere	d Agent signature redui	ed when n	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan Trust Fund Contribution.	icing	\$5.0 Added	0 May Be to Fees
10.	1_	OFFICERS AND	DIRECTO		11.	1	ΑC	DDITIONS/CHANGES TO OFFICE			
TITLE NAME	P HUGHES, GEORGE M.			☐ Oelete		£				☐ Change	Addition
STREET ADDRESS	REET ADDRESS 908 PITTS AVE				EET ADDRESS '-ST-ZIP		U00000076714 N3/05/04-80013-007 150.00			Ι.	
GITY -ST- ZIP	PANAMA	GH 7 FL 32404		Delete	118					Change	☐ Addition
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TITLE NAME				☐ Delete	THE	}				Change	Addition
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NAME				ET Deserte	NAN.					ontarge	<u> </u>
STREET ADDRESS CITY-ST-ZIP					1	EET ADDRESS (-ST-ZIP					
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NAME STREET ADDRESS					nan Str	AE EET ADDRESS					
CITY-ST-ZIP					cir	r-ST-ZIP					
12. I hereby indicated of the co-changed	certify that the control on this reportion or the control on an attention or the control of the control o	ne information supplied with ort or supplemental report the receiver or trustee emplacement with an address, lackment with an address,	h this filing is true and cowered to with all of	g does not qualify fo I accurate and that r o execute this report ther like empowered	r the exe my signa as requ	emption stated in ature shall have the ired by Chapter 6	Section le same 107, Flor	119.07(3)(i), Florida Statutes. I full legal effect as if made under out rida Statutes, and that my name a	arther certi th; that I ar appears in	fy that the in n an officer Block 10 or	

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