


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 025 ***150.00

DOCUMENT # 278269 1. Entity Name GULF INVESTMENT CORP.					
Principal Place of Business 330 S. PINEAPPLE AVE., #106 P O BOX 4136 SARASOTA, FL 34230-1136			Mailing Address 330 S. PINEAPPLE AVE., #106 P O BOX 4136 SARASOTA, FL 34230-1136		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		24003770	
City & State		City & State		01142004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-1059877	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IDELSON, SAM 1957 N HONORE AVE APT C104 SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name Idelson, Doris R. Street Address (P.O. Box Number is Not Acceptable) 1957 N. Honore Ave. Apt. C104 City SARASOTA FL Zip Code 34235		
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 <i>Doris R. Idelson</i> DATE 1-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IDELSON, SAM A 1957 N HONORE AVE APT C104 SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDELSON, DORIS 1957 N HONORE AVE APT C 104 SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IDELSON, CHARLES C/O SUN BANK P.O. BOX 3454 ST MYERS, FL 33918	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, MIMI 5718 BIRDWOOD HOUSTON, TX 77096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, RACHEL M. 1441 CANOOCHEE DRIVE ATLANTA, GA 30319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Doris R. Idelson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-19-04 Daytime Phone #		