

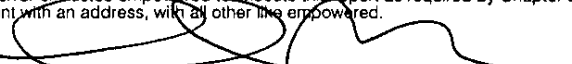


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90096 007 ***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 4507 SE 16TH PLACE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 61532 Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State FT Myers, FL	
Zip 33904		Zip 33906-1532	
Country		Country	
4. FEI Number 59-1059877		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IDELSON, DORIS R 1957 N HONORE AVE APT C104 SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name Charles K. Idelson Street Address (P.O. Box Number is Not Acceptable) 4507 SE 16TH PLACE City Cape Coral FL Zip Code 33904	
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 		DATE 3-10-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D IDELSON, DORIS 1957 N HONORE AVE APT C 104 SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IDELSON, CHARLES C/O SUN BANK P.O. BOX 3434 FT MYERS, FL 33918	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 61532 FT MYERS, FL 33906-1532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, MIMI 5718 BIRDWOOD HOUSTON, TX 77096	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, RACHEL M. 1441 CANOOCHEE DRIVE ATLANTA, GA 30319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: 		DATE 3-10-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239-633-2932	

J0020344



03012005 Chg-P CR2E034 (10/03)