2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90087 004 ***150.00

DOCUMENT # 384388

1. Entity Name
4765 GULF CORPORATION

Principal Place of Business
~~4765 GULF OF MEXICO DRIVE~~
LONGBOAT KEY, FL 34228-2103

Mailing Address Ann Georgevich
~~4765 GULF OF MEXICO DRIVE~~ PO Box 9037
LONGBOAT KEY, FL 34228-~~2103~~

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1354177 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEORGEVICH, ANN 4765 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Name: Ann Georgevich Street Address (P.O. Box Number is Not Acceptable): 521 Harbour Pt Ct PO Box 9037 City: Longboat Key FL Zip Code 34228

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 Ann M Georgevich, Pres 3-15-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GEORGEVICH, ANN		NAME		
STREET ADDRESS	4765 GULF OF MEXICO DRIV		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL		CITY-ST-ZIP		
TITLE	~~VD~~	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GEROGEVICH, ROBERT		NAME		
STREET ADDRESS	4765 GULF OF MEXICO DRIV		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Ann M Georgevich X 3-14-05 941-383-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #