

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 417780

FILED
Jan 13, 2006
Secretary of State

Entity Name: GULFSIDE SUPPLY, INC.

Current Principal Place of Business:

1451 CHANNELSIDE DR
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1451 CHANNELSIDE DR
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-1431473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESCH, J S
1451 CHANNELSIDE DR
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

RESCH, JAMES S
1451 CHANNELSIDE DR
TAMPA, FL 33605 US

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.

SIGNATURE: JAMES S RESCH

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESCH, JAMES S.,
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: RESCH, BRADLEY J
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: RESCH, MOLLY,
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: RESCH, STEPHANIE A
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: BUHLER, JILL M
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RESCH, JAMES S
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RESCH, MOLLY
Address: 1451 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S RESCH

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date