

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 005 ***550.00

DOCUMENT # 567920

1. Entity Name

GULF VIEW ENTERPRISES, INC.



Principal Place of Business
5407 BAYLEA AVE
PORT RICHEY FL 34668

Mailing Address
5407 BAYLEA AVE
PORT RICHEY FL 34668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number
59-1819056

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

BOOTH, STEPHEN
1604 U.S. HWY 19 NORTH
NEW PORT RICHEY FL 33552

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
LAWSON, THOMAS J
STREET ADDRESS
18237 OWEN DR
CITY-ST-ZIP
HUDSON FL 34667 ☐ Delete

TITLE
NAME
PD
AYERS, RUSSELL
STREET ADDRESS
6304 EDENMORE AVE
CITY-ST-ZIP
NEW PORT RICHEY FL 34653 ☒ Delete

TITLE
NAME
VD
AYERS, MICHELLE
STREET ADDRESS
6304 EDENMORE AVE
CITY-ST-ZIP
NEW PORT RICHEY FL 34653 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
President
Thomas J. Lawson
STREET ADDRESS
18237 Owen Dr
CITY-ST-ZIP
Hudson, FL 34667 ☒ Change ☐ Addition

TITLE
NAME
Bonny Chamberlin ST
STREET ADDRESS
6935 Coronet Dr.
CITY-ST-ZIP
New Port Richey, FL 34655 ☐ Change ☒ Addition

TITLE
NAME
Bonny Chamberlin VD
STREET ADDRESS
6935 Coronet Dr.
CITY-ST-ZIP
New Port Richey, FL 34655 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08 727-847-1125
Date Daytime Phone #