## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 568637** 

FILED Feb 28, 2006 Secretary of State

Entity Name: GULF SHORE DEVELOPMENT AND CONSTRUCTION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	EST BLVD. ERS, FL 33908				
Current Mailing Address:			New Mailing Address:		
	EST BLVD. ERS, FL 33908				
FEI Number	: 59-1811657	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	AVID EST BLVD ERS, FL 33908	US			
The above					
	e named entity si e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
n the Stat	e of Florida. RE:	c Signature of Registered Ago		d office or registered agent, or both,  Date	
n the Stat	e of Florida.  RE: Electroni	·			
in the State SIGNATU	e of Florida.  RE: Electroni	c Signature of Registered Ago Trust Fund Contribution ( ).	ent		
n the Stati SIGNATU Election Cal OFFICER Fitle: Name: Address:	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	c Signature of Registered Age Trust Fund Contribution ( ).  CORS: Delete	ent	Date	
in the State SIGNATU	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT  DPT () I  SWOR, DAVID, 6000 FOREST B FORT MYERS, F	c Signature of Registered Age Trust Fund Contribution ( ).  CORS: Delete SLVD FL 33908 Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS:	

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: DAVID W. SWOR	DPT	02/28/2006
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