2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State **DOCUMENT #610875** 1. Entity Name **GULF ATLANTIC MARKETING, INC.** Principal Place of Business Mailing Address 4520 RANDAG DR. 4520 RANDAG DR. NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 No Chg-P CR2E034 (11/05) 03032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1888180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TROMBLEY, NEAL R DO NOT WRITE 4520 RANDAG DR N. FT. MYERS, FL 33903 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) typed or crusted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TROMBLEY, NEAL R 4520 RANDAG DR STREET ADDRESS 000000886255 04/18/08-80048-016 158.75 CiTY-ST-ZiP NORTH FT. MYERS, FL 33903 VSTD TITLE CHUY, ROBERT F NAME 4520 RANDAG DR STREET ADDRESS NORTH FT. MYERS, FL 33903 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 21, 31 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: WEAR THE MANE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

/3/8008 235 - 975 - 06 83 Date Dayline Prone #