## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 633964**

FILED Apr 23, 2009 Secretary of State

Entity Name: GULF PROPERTIES OF ESCAMBIA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	RNER STREE AL 36502	ET US		
Current M	lailing Addre	ss:	New Mailing Addres	s:
	RNER STREE AL 36502	ET US		
FEI Number	: 63-0713472	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	EL, PATRICK HISPRING STE	REET		
	3L7 (, 1 L 3230			
The above			purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
The above n the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both,  Date
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the		
The above n the Stati SIGNATU Election Ca	e named entity e of Florida. RE: Electro	submits this statement for the notes of the notes of Registered Agree of Registered Agree of Trust Fund Contribution ( ).	ent	
The above n the Stati SIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete ERB ER ST	ent	Date
The above n the State SIGNATU  Election Car  OFFICER  Title:  Name:  Address:	e named entity e of Florida.  RE: Electro  mpaign Financin  S AND DIREC  P ( HACKMAN, HE 105 W HORNE ATMORE, AL	submits this statement for the nic Signature of Registered Ag og Trust Fund Contribution ( ).  CTORS:  ) Delete CREST 36502  ) Delete RNELIUS EVEN DR N.E.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: HERB HACKMAN PRES 04/23/2009