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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 841808

1. Entity Name
GULF STATES, INCORPORATED



FILED

04 MAY -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4585 PROGRESS AVE
UNIT 2
NAPLES, FL 34104 US

Mailing Address
4901 GULF SHORE BLVD.
#2102
NAPLES, FL 33940 US



2. Principal Place of Business

3. Mailing Address

05122004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
16-0962308

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADISON, DEANE F
4901 GULF SHORE BLVD
APT 2102
NAPLES, FL 34103

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 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MADISON, MICHELLE R.
STREET ADDRESS 4901 GULF SHORE BLVD NO.
CITY-ST-ZIP NAPLES, FL 34103

TITLE S ☐ Delete
NAME MADISON, PHYLLIS J.
STREET ADDRESS 4901 GULF SHORE BLVD NO.
CITY-ST-ZIP NAPLES, FL 34103

TITLE VP ☐ Delete
NAME JOHNSON, CINDY L.
STREET ADDRESS 20520 CHARING CROSS CIR.
CITY-ST-ZIP ESTERO, FL

TITLE CEO ☐ Delete
NAME MADISON, DEANE
STREET ADDRESS 4901 GULF SHORE BLVD
CITY-ST-ZIP NAPLES, FL 34203

TITLE VP ☐ Delete
NAME ROGERS, MARTIN
STREET ADDRESS 611 HICKORY RD
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #



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Business Entity Name

GULF STATES, INCORPORATED

FEI Number

160962308

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

4585 PROGRESS AVE

Suite, Apt. #, etc.

UNIT 2

City, State

NAPLES

FL

Zip Code & Country

34104

US

Mailing Address

Address

4901 GULF SHORE BLVD.

Suite, Apt. #, etc.

#2102

City, State

NAPLES

FL

Zip Code & Country

33940

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MADISON

DEANE

F

-or- RA Business Name

Address

4901 GULF SHORE BLVD

Suite, Apt. #, etc.

APT 2102

City, State

NAPLES

FL

Zip Code & Country

34103

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Deane F. Madison, CEO

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Business Entity Name

GULF STATES, INCORPORATED

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) MADISON MICHELLE R.
-or- Entity Name
Street Address 4901 GULFSHORE BLVD NO.
City, State NAPLES FL
Zip Code & Country 34103

Title S
Name (Last, First, Middle, Title)
-or- Entity Name MADISON, PHYLLIS J.
Street Address 4901 GULFSHORE BLVD NO.
City, State NAPLES FL
Zip Code & Country 34103

Title VP
Name (Last, First, Middle, Title)
-or- Entity Name JOHNSON, CINDY L.
Street Address 20520 CHARING CROSS CIR.
City, State ESTERO FL
Zip Code & Country

Title CEO
Name (Last, First, Middle, Title) MADISON DEANE
-or- Entity Name

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Street Address 4901 GULF SHORE BLVD
City, State NAPLES FL
Zip Code & Country 34203

Title VP
Name (Last, First, Middle, Title) ROGERS MARTIN

-or- Entity Name
Street Address 611 HICKORY RD
City, State NAPLES FL
Zip Code & Country 34108

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title CEO
Officer/Director Signature Deane F. Madison

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