
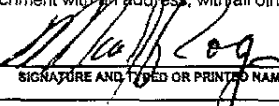


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 841808 1. Entity Name GULF STATES, INCORPORATED		
Principal Place of Business 4585 PROGRESS AVE UNIT 2 NAPLES, FL 34104 US		Mailing Address 4585 PROGRESS AVE UNIT 2 NAPLES, FL 34104 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MADISON, DEANE F 4585 PROGRESS AVE UNIT 2 NAPLES, FL 34104		DO NOT WRITE 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 re-installing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	MADISON, MICHELLE R.	
STREET ADDRESS	PO BOX 60888	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	S	
NAME	MADISON, PHYLLIS J.	
STREET ADDRESS	PO BOX 60888	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	DO NOT WRITE IN THIS SPACE
NAME	JOHNSON, CINDY L.	
STREET ADDRESS	20520 CHARING CROSS CIR.	
CITY-ST-ZIP	ESTERO, FL	
TITLE	CEO	
NAME	MADISON, DEANE	
STREET ADDRESS	PO BOX 60888	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	DO NOT WRITE IN THIS SPACE
NAME	ROGERS, MARTIN	
STREET ADDRESS	3891 MIDSHORE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		2-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
16-0962308
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1100000427233
02/20/06-80075-013 150.00