

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002079 1. Entity Name GULFPORT INDUSTRIES, INC.						
Principal Place of Business 2111 DR. MARTIN LUTHER KING ST N SAINT PETERSBURG, FL 33704	Mailing Address 2111 DR. MARTIN LUTHER KING ST N SAINT PETERSBURG, FL 33704					
 01242006 No Chg-P CR2E034 (11/05)						
4. FEI Number 03-0465504		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable		
Applied For						
Not Applicable						
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent JACKIE WANTLAND, CPA 2111 DR. MARTIN LUTHER KING ST N ST. PETERSBURG, FL 33704						
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.						
<table style="width: 100%;"> <tr> <td style="width: 60%;">SIGNATURE _____</td> <td style="width: 40%;">DATE _____</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</td> <td></td> </tr> </table>			SIGNATURE _____	DATE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	
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10. OFFICERS AND DIRECTORS						
TITLE	PCD					
NAME	MILIC, ED					
STREET ADDRESS	6308 # 712 BENJAMIN RD					
CITY-ST-ZIP	TAMPA, FL 33634					
TITLE	ST					
NAME	MILIC, BRENDA					
STREET ADDRESS	6308 # 712 BENJAMIN RD					
CITY-ST-ZIP	TAMPA, FL 33634					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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: <i>Brenda Milic, Brenda Milic, Director</i> 01/24/2006 1-800-263-0208 X102						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						