

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90024 037 ****70.00

DOCUMENT # F02000003818

1. Entity Name
GULF RESTORATION NETWORK, INC.



Principal Place of Business
**338 BARONNE STREET
SUITE 200
NEW ORLEANS, LA 70112 US**

Mailing Address
**POST OFFICE BOX 2245
NEW ORLEANS, LA 70176**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
72-1447742

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MURPHY, JOSEPH
34413 ORCHID PARKWAY
RIDGE MANOR, FL 33523**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CALLAWAY, CASI**
STREET ADDRESS **300 DAUPHIN STREET, SUITE 200**
CITY-ST-ZIP **MOBILE, AL 36602**

TITLE **DT** ☐ Delete
NAME **DAVIS, MARK**
STREET ADDRESS **746 MAIN ST. STE. B-101**
CITY-ST-ZIP **BATON ROUGE, LA 70802**

TITLE **D** ☐ Delete
NAME **HASTINGS, ROBERT W**
STREET ADDRESS **141 N. NORTINGTON STREET**
CITY-ST-ZIP **PRATTVILLE, FL 36067**

TITLE **DC** ☐ Delete
NAME **MURPHY, JOSEPH**
STREET ADDRESS **34413 ORCHID PARKWAY**
CITY-ST-ZIP **RIDGE MANOR, FL 33523**

TITLE **D** ☐ Delete
NAME **PARRAS, JUAN**
STREET ADDRESS **4622 RUSK STREET**
CITY-ST-ZIP **HOUSTON, TX 77023**

TITLE **D** ☐ Delete
NAME **SCHAEFFER, BOB**
STREET ADDRESS **4163 DINGMAN DRIVE**
CITY-ST-ZIP **SANIBEL, FL 33957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Wiygul, Robert**
STREET ADDRESS **1025 DIVISION ST.**
CITY-ST-ZIP **Biloxi, MS 39530**

TITLE **DT** ☒ Change ☐ Addition
NAME **DAVIS, MARK**
STREET ADDRESS **TULANE LAW SCHOOL, WEINMANN HALL**
CITY-ST-ZIP **6329 FReret St.
NEW ORLEANS, LA 70118-6231**

TITLE **D** ☐ Change ☒ Addition
NAME **SKRmetta, LOUIS**
STREET ADDRESS **Ship Island Excursions**
CITY-ST-ZIP **PO Box 1467
Gulfport, MS 39502**

TITLE **D** ☐ Change ☒ Addition
NAME **SPICER, SUSAN**
STREET ADDRESS **430 Rue Dauphine**
CITY-ST-ZIP **New Orleans, LA 70112**

TITLE **D** ☐ Change ☒ Addition
NAME **Williams, Page**
STREET ADDRESS **4229 Alabama St.**
CITY-ST-ZIP **Houston, TX 77027**

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 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 617, 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 #

C. Schaeffer, Executive Dir. 1/27/07 (504)588-1588