

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002829**

1. Entity Name  
**GULF CASINO CRUISES, INC.**



Principal Place of Business  
**3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

Mailing Address  
**3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0890694**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CRIVELLO, FRANK P  
3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DC  
MARKS, DAVID M  
1818 NORTH FARWELL AVENUE  
MILWAUKEE, WI 53202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
SCHWABE, PAUL L  
1818 NORTH FARWELL AVENUE  
MILWAUKEE, WI 53202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCEO  
HODGKINS, CRAIG  
3340 SAVANNAHS TRAIL  
MERRITT ISLAND, FL 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
ORLANDO, FRANK J  
3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DC  
LEVENSALE, TIMOTHY  
955 OAK STREET  
MERRITT ISLAND, FL 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000576773  
09/14/06-80001-019 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #