2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002829

1. Entity Name
GULF CASINO CRUISES, INC.

Principal Place of Business	Mailing Address
3408 DOVER ROAD POMPANO BEACH, FL 33062	3408 DOVER ROAD POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

08072007 No Chg-P CR2E034 (11/05)

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
POMPANO BEACH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MARKS, DAVID M
STREET ADDRESS	1818 NORTH FARWELL AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	DS
NAME	SCHWABE, PAUL L
STREET ADDRESS	1818 NORTH FARWELL AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	PCEO
NAME	HODGKINS, CRAIG
STREET ADDRESS	3340 SAVANNAHS TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	DV
NAME	ORLANDO, FRANK J
STREET ADDRESS	3408 DOVER ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	DC
NAME	LEVENSALER, TIMOTHY
STREET ADDRESS	955 OAK STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000772031
08/14/07-80001-021 550.00

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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: Paul Schwabe Secretary 8-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #