


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006023 1. Entity Name SOUTH GULF INVESTMENTS, INC.	
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Principal Place of Business 342 WILKES-BARRE TWP. BLVD. WILKES-BARRE, PA 18702	Mailing Address P.O. BOX AS WILKES-BARRE, PA 18702
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1327655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUNROE, W.BRADLEY ESQ 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

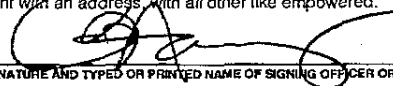
9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

U000000359169
05/04/05 00145 002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HASSEY, RAYMOND A 37 SLOCUM AVENUE EXETER, PA 18643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST COLEMAN, MARY ELLEN BOX 30 MOOSIC LAKE LAKE ARIEL, PA 18436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSEY, JOSEPH A 113 SPRING TREE DRIVE NEWTOWN SQUARE, PA 190734420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAWLEY, BARBARA A 4 LITTLE LAKE ROAD, MOOSIC LAKE BOX 30 LAKE ARIEL, PA 18436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #