

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90102 006 ***150.00

DOCUMENT # F04000006023



1. Entity Name

SOUTH GULF INVESTMENTS, INC.

Principal Place of Business

342 WILKES-BARRE TWP. BLVD.
WILKES-BARRE PA 18702

Mailing Address

P.O. BOX AS
WILKES-BARRE PA 18702 (Same)



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

304 Wilkes-Barre Twp. Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilkes-Barre, PA 18702

City & State

Zip
18702

Country
Luzerne

Zip

Country

4. FEI Number 20-1327655

☐ Applied For
☐ Not Applicable

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MUNROE, W.BRADLEY ESQ
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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 (applicable)

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	HASSEY, RAYMOND A	
STREET ADDRESS	37 SLOCUM AVENUE	
CITY - ST - ZIP	EXETER PA 18643	
TITLE	VCST	<input type="checkbox"/> Delete
NAME	COLEMAN, MARY ELLEN	
STREET ADDRESS	BOX 30 MOOSIC LAKE	
CITY - ST - ZIP	LAKE ARIEL PA 18436	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSEY, JOSEPH A	
STREET ADDRESS	113 SPRING TREE DRIVE	
CITY - ST - ZIP	NEWTOWN SQUARE PA 19073-4420	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAWLEY, BARBARA A	
STREET ADDRESS	4 LITTLE LAKE ROAD, MOOSIC LAKE BOX 30	
CITY - ST - ZIP	LAKE ARIEL PA 18436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #