

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000006023

1. Entity Name
SOUTH GULF INVESTMENTS, INC.



Principal Place of Business
304 WILKES-BARRE TUP BLVD
WILKES BARRE, PA 18702

Mailing Address
P.O. BOX AS
WILKES-BARRE, PA 18702

FILED
Sep 15, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1327655

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

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

U000000959731
09/15/08-80004-012 550.00

**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 #