

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90044 017 ***150.00

DOCUMENT # F43377

1. Entity Name

GULFSHORE MEDIA, INC.



Principal Place of Business

601 SOUTH OSPREY AVENUE
SARASOTA FL 34236
US

Mailing Address

601 SOUTH OSPREY AVENUE
SARASOTA FL 34236
US

54028678

2. Principal Place of Business

330 SOUTH PINEAPPLE AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

1

Zip

34236

Country

USA

Zip

Country

4. FEI Number

59-2124188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME DEAN, JIMMY
STREET ADDRESS 601 SOUTH OSPREY AVE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME DANIEL, PAMELA V.
STREET ADDRESS 601 SOUTH OSPREY AVENUE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME DENTON, DANIEL J
STREET ADDRESS 601 SOUTH OSPREY AVE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #