## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 24, 2005 08:00 AM DOCUMENT # F75784 **Secretary of State** 1. Entity Name **GULFSIDE REAL ESTATE DEVELOPMENT** CORPORATION, INC. Principal Place of Business Mailing Address 302 NORTH BARCELONA STREET **302 NORTH BARCELONA STREET** PENSACOLA, FL 32502 PENSACOLA, FL 32502 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2179616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORVATH, DANIEL R DO NOT WRITE 302 NORTH BARCELONA STREET PENSACOLA, FL 32501 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HORVATH, DANIEL R U00000191514 01/24/05-80176-019 158,75 NAME STREET ADDRESS 302 NORTH BARCELONA STREET PENSACOLA, FL 32501 CITY - ST- ZIP TITLE SMITH LESTER NAME STREET ADDRESS 517 W. STRONG STREET CITY-ST-ZIP PENSACOLA, FL TITLE TOWNSEND, RONALD NAME 1400 N "G" ST STREET ADDRESS DO NOT WRITE CITY - ST - ZIP PENSACOLA, FL IN THIS SPACE TITLE BYRD, WILLIAM NAME 2550 NORTH 15TH AVE STREET ADDRESS PENSACOLA, FL 32503 CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 in changed, or on an attachage with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP