2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F75784

NAME STREET ADDRESS CITY-ST-ZIP

1. Entity Name
GULFSIDE REAL ESTATE DEVELOPMENT
CORPORATION, INC.



FILED Jan 12, 2006 08:00 AM **Secretary of State**

Principal Place of Business

302 NORTH BARCELONA STREET PENSACOLA, FL 32502

Mailing Address

302 NORTH BARCELONA STREET PENSACOLA, FL 32502



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01042006 No Chg-P 4. FEI Number Applied For 59-2179616 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORVATH, DANIEL R 302 NORTH BARCELONA STREET PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

| | | 1 | | | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------|--------------------------------|--------------------------------------------------------------|--|
| | named entity submits this statement for the pons of registered agent. | urpose of changing its registered | office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | Signeture, typed or printed name of registered agent and title | f applicable. (NOTE: Registered | Agent signature | e required when reinstating) | DATE | |
| File NOW!!! FEE (8 \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| NAME STREET ADDRESS | P HORVATH, DANIEL R 302 NORTH BARCELONA STREET PENSACOLA, FL 32501 | | | | U00000384764 01/17/06-80028-019 150.00 | |
| NAME STREET ADDRESS | C SMITH LESTER 517 W. STRONG STREET PENSACOLA, FL | | | | | |
| NAME STREET ADDRESS | D TOWNSEND, RONALD 1400 N "G" ST PENSACOLA, FL | | | DO | DO NOT WRITE | |
| NAME STREET ADDRESS | D BYRD, WILLIAM 2550 NORTH 15TH AVE PENSACOLA, FL 32503 | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attach pent with an address, with all after like empowered.