

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001126

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** GULF MARINE INSTITUTE OF TECHNOLOGY, INC.

**Current Principal Place of Business:**

20 DANIEL DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 776  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 31-1475321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERICSSON, JOHN D  
3881 PARADISE BAY DRIVE  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

ERICSSON, JOHN D  
20 DANIEL DRIVE  
GULF BREEZE, FL 32561 US

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.

SIGNATURE:

04/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCM ( ) Delete  
Name: ERICSSON, JOHN D  
Address: 3881 PARADISE BAY DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: ST ( ) Delete  
Name: BURT, GEORGINE  
Address: 3881 PARADISE BAY DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: CAKE, EDWIN W JR  
Address: 20 DANIEL DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCM (X) Change ( ) Addition  
Name: ERICSSON, JOHN D  
Address: P.O.BOX 6211  
City-St-Zip: GULF BREEZE, FL 32561

Title: ST (X) Change ( ) Addition  
Name: BURT, GEORGINE  
Address: 20 DANIEL DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ERICSSON

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date