

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01682

Entity Name: GULF SOUTHERN MARINE, INC.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

5212 E HARTFORD ST  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

5212 E HARTFORD ST  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 59-2222405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREGORY, WILLIAM P.  
715 SWANN AVE  
TAMPA, FL 33608 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: ELLISON, ROBERT E,  
Address: 6821 MAPLE LANE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: ELLISON, ROBERT E  
Address: 6821 MAPLE LANE  
City-St-Zip: TAMPA, FL 33606

Title: CFO ( ) Change (X) Addition  
Name: ELLISON, MARK A  
Address: 5212 HARTFORD STREET  
City-St-Zip: TAMPA, FL 33619

Title: SEC ( ) Change (X) Addition  
Name: ELLISON, MARK A  
Address: 5212 HARTFORD STREET  
City-St-Zip: TAMPA, FL 33619

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. ELLISON

PDS

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date