

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G01682

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** GULF SOUTHERN MARINE, INC.

**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:**

P.O. BOX 909  
GIBSONTON, FL 33534

**FEI Number:** 59-2222405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ELLISON, ROBERT E PDS  
5212 E. HARTFORD ST.  
TAMPA, FL 33619 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

**OFFICERS AND DIRECTORS:**

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

**Title:** CFO  
**Name:** ELLISON, MARK A  
**Address:** 5212 HARTFORD STREET  
**City-St-Zip:** TAMPA, FL 33619

**Title:** SEC  
**Name:** ELLISON, MARK A  
**Address:** 5212 HARTFORD STREET  
**City-St-Zip:** TAMPA, FL 33619

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT E. ELLISON

PDS

01/05/2012

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

\_\_\_\_\_  
Date