

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90023 009 ***150.00

DOCUMENT # G60186

1. Entity Name

GULF SOUTH LEISURE PRODUCTS, INC.



Principal Place of Business

505 A HOOPER DRIVE
FT WALTON BCH FL 32548-4056

Mailing Address

505 A HOOPER DRIVE
FT WALTON BCH FL 32548-4056

2. Principal Place of Business

1339B Greenacres Blvd.

3. Mailing Address

P.O. Box 490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-2419356

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

32549

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNATHAN, CLAY M
505A HOOPER DR
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Clay M. Carnathan

Street Address (P.O. Box Number is Not Acceptable)

149 Linstew Drive

City

Fort Walton Beach

FL

Zip Code
32548

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CARNATHAN, CLAY M
STREET ADDRESS 505 A. HOOPER DRIVE
CITY-ST-ZIP FT. WALTON BEACH FL 32548-4056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Change ☐ Addition
NAME Clay M. Carnathan
STREET ADDRESS 149 Linstew Drive
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clay M. Carnathan 3/19/04 (850) 423-0401

Date

Daytime Phone #