


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90063 041 ***150.00

DOCUMENT # G96515 1. Entity Name GULF SIDE SERVICE OF PASCO, INC.					
Principal Place of Business 6801 TOWER DRIVE HUDSON, FL 34667			Mailing Address 6801 TOWER DRIVE HUDSON, FL 34667		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2410004	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEAKE, LILLIAN C. 10127 FOX SQUIRREL DR. NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Lillian C. Peake</i></u> 8/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEAKE, WILLIAM M. 10127 FOX SQUIRREL DRIVE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>William M. Peake</i></u> 8-17-06 7278681118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

Aug. 17, 2006 40101810

#G96515

Division of Corporations

P.O. Box 1500

Tallahassee, Fl. 32302-1500

Gulf Side Service of

Pasco, Inc.

6801 Tower Dr.

Hudson, Fl. 34667

727-868-1718

Letter # DO6A00048977

Re: 59-2410004 Annual Report Corp Dues

Dear Sir:

This letter is to confirm and attest to the fact that our company Gulf Side Service of Pasco, Inc. # 59-2410004, did not receive any written notice of the yearly corporation dues. We have always paid our dues on time and have been in business for many years. We therefore request that you wave the \$400⁰⁰ penalty as this is in no way due to our error.

Thank you

William M. PEAKE - Pres
William M. Peake Pres



ATTACHMENT

40101810

Division of Corporations

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Dept of State
Div of Corp
PO Box 6327
Tall, 32314

Annual Report

Annual Report Help

Document Number

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Business Entity Name

GULF SIDE SERVICE OF PASCO, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

592410004

FEI Number Status

☒ Listed Above ☐ Applied For
☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

6801 TOWER DRIVE

Suite, Apt. #, etc.

City, State

HUDSON

FL

Zip Code & Country

34667

Mailing Address

Address

6801 TOWER DRIVE

Suite, Apt. #, etc.

City, State

HUDSON

FL

Zip Code & Country

34667

Name and Address of Registered Agent

ATTACHMENT

40101810

#G96515

Name (Last, First, Middle, Title) **- OR -**

Business to serve as RA

PEAKE, LILLIAN C.

Address (PO Box is not acceptable)

10127 FOX SQUIRREL DR.

Suite, Apt. #, etc.

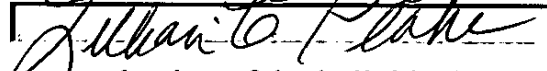
City, State

NEW PORT RICHEY, FL

Zip Code & Country

34654 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PSD

Name (Last, First, Middle, Title)

 - OR -

Entity Name to serve as Officer/Director

PEAKE, WILLIAM M.

Street Address

10127 FOX SQUIRREL DRIVE

City, State

NEW PORT RICHEY

FL

Zip Code & Country

34654

us

ATTACHMENT 40101810
#G96575

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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