

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38020

FILED
Apr 14, 2009
Secretary of State

Entity Name: GULFVIEW MOTORS, INC.

Current Principal Place of Business:

% LEON KREISLER
9932 U.S. HWY 19
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

% LEON KREISLER
9932 U.S. HWY 19
PORT RICHEY, FL 34668

New Mailing Address:

% LEON KREISLER
3477 COMMERCIAL WAY
SPRING HILL, FL 34606

FEI Number: 59-2482679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KREISLER, LEON
9932 U.S. HWY 19
PORT RICHEY, FL 34668 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: PST () Delete
Name: KREISLER, LEON
Address: 1000 ROYAL BIRKDALE DR
City-St-Zip: TARPON SPGS, FL 34689

Title: VP () Delete
Name: BOUCHER, RICK
Address: 6252 SPOONBILL DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICH BOUCHER

VP

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date