

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98110

FILED
Apr 27, 2009
Secretary of State

Entity Name: GASPARILLA MARINE SALES, INC.

Current Principal Place of Business:

1189 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1189 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-2648176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INGMAN, GARY
1189 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 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: VD () Delete
Name: INGMAN, ALLEN
Address: 1189 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: PD () Delete
Name: INGMAN, GARY
Address: 1189 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VST () Delete
Name: MIZE, GARY
Address: 1189 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VD () Delete
Name: MIZE, VICKI I
Address: 1189 TAMIAMI TR
City-St-Zip: PT CHARLOTTE, FL

Title: VD () Delete
Name: INGMAN, JOANNE
Address: 1189 TAMIAMI TR
City-St-Zip: PT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GARY L MIZE

Electronic Signature of Signing Officer or Director

VST

04/27/2009

_____ Date