

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 027 ***150.00

DOCUMENT # J45974

1. Entity Name
GULF & SOUTHERN MORTGAGE CORP.



Principal Place of Business
**5521 38TH AVE. NO.
ST. PETERSBURG, FL 33710**

Mailing Address
**5521 38TH AVE. NO.
ST. PETERSBURG, FL 33710**

DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2758879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALBERS, BRYAN L
5111 66TH STREET NORTH #102
SAINT PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP PRESIDENT
NAME	CONDON, TIMOTHY T.
STREET ADDRESS	5521 38TH AVE. NO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VICE -PRESIDENT
NAME	PHILIP DESLANDES
STREET ADDRESS	5521 38th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VICE-PRESIDENT
NAME	MAUREEN MERICLE
STREET ADDRESS	5521 38th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VICE-PRESIDENT
NAME	FRANK NEWBURG
STREET ADDRESS	5521 38th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	SECRETARY
NAME	TIMOTHY T. CONDRON
STREET ADDRESS	5521 38th AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	TREASURER
NAME	TIMOTHY T. CONDRON
STREET ADDRESS	5521 38th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3-1-05 (727) 344-3995