

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 020 ***150.00

DOCUMENT # J61117 1. Entity Name GULF & SOUND LAND CORPORATION			
Principal Place of Business 6706 N 9TH AVE, D-3 P.O. BOX 10829 PENSACOLA, FL 32504		Mailing Address 6706 N 9TH AVE, D-3 P.O. BOX 10829 PENSACOLA, FL 32504	
2. Principal Place of Business 6706 N 9TH AVE D-3		3. Mailing Address P.O. Box 10829	
Suite, Apt. #, etc. P.O. Box 10829		Suite, Apt. #, etc. P.O. Box 10829	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32522-7898		Zip 32522-7898	
Country 		Country 	
4. FEI Number 59-2780117		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMMANUEL, PATRICK G. 30 SOUTH SPRING STREET PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	VP BAROCO JR., J.H. 6706 NORTH NINTH AVENUE PENSACOLA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMMANUEL, P.G. 30 SOUTH SPRING ST. PENSACOLA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENHUT, DUDLEY H. 23 SOUTH "A" ST. PENSACOLA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, L.J. 8904 BURNING TREE RD. PENSACOLA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONAN, JR, WILLIAM J. 2720 BLACKSHEAR PENSACOLA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		J.H. BAROCO, JR. 4/12/05 850-479-2441	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	