
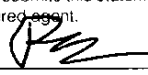
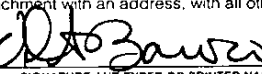


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90047 045 \*\*\*150.00

<b>DOCUMENT # J61117</b> 1. Entity Name <b>GULF &amp; SOUND LAND CORPORATION</b>			
Principal Place of Business <b>6706 N 9TH AVE, D-3</b> <b>P.O. BOX 107898</b> <b>PENSACOLA, FL 32522-7898</b>		Mailing Address <b>P.O. BOX 17898</b> <b>PENSACOLA, FL 32522-7898</b>	
2. Principal Place of Business - (Not P.O. Box #) <b>6706 N 9th Ave</b> <b>Bldg D</b> <b>Pensacola FL</b> <b>32504</b>		3. Mailing Address <b>P.O. Box 10729</b> <b>Pensacola FL</b> <b>32524</b>	
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>	
Zip <b>32504</b>		Zip <b>32524</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>EMMANUEL, PATRICK G.</b> <b>30 SOUTH SPRING STREET</b> <b>PENSACOLA, FL 32501</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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: 			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD BAROCO, VICKI A 1182 E LAKEVIEW AVE PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMMANUEL, P.G. 30 S SPRING ST PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GREENHUT, DUDLEY H 23 S "A" ST PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KIRKLAND, L.J. 8904 BURNING TREE RD. PENSACOLA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAROCO, JULIA POB 10729 PENSACOLA, FL 32524	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, RONALD SR 548 WINDROSE CR PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>VICKI A BAROCO</b> <b>2/05/07</b> <b>479 2441</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

40018130



01302007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2780117**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required