

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90115 040 ***150.00

DOCUMENT # K08358 1. Entity Name GULF BLACK GOLD, INC.			
Principal Place of Business % LARRY R. WITT S.R. 1 INDIAN PASS BEACH PORT ST. JOE, FL 32456		Mailing Address % LARRY R. WITT S.R. 1 INDIAN PASS BEACH PORT ST. JOE, FL 32456	
2. Principal Place of Business 105 11th St Suite, Apt. #, etc. PO Box 818 City & State Apalachicola, FL Zip 32320 Country USA		3. Mailing Address 105 11th St Suite, Apt. #, etc. PO Box 818 City & State Apalachicola, FL Zip 32320 Country USA	
4. FEI Number 59-2863261		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 WITT, LARRY R. 136 OAK ST PORT ST. JOE, FL 32456		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;"> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
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	D WITT, LARRY R. 136 OAK ST. PORT ST. JOE, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, SALLY B. 136 OAK ST. PORT ST. JOE, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, LARRY R. 105 11th St PO Box 818 Apalachicola, FL 32320	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Larry R. Witt</u> - Larry R. Witt - President - 27 March 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			