

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62459

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: GULFWINDS SERVICES, INC.

## Current Principal Place of Business:

1290 ELLIOTT DR.  
MIDDLETOWN, OH 45044

## New Principal Place of Business:

## Current Mailing Address:

1290 ELLIOTT DR.  
MIDDLETOWN, OH 45044

## New Mailing Address:

FEI Number: 59-2932504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

LEIMKUHLER, MARK  
7853 GUNN HWY #101  
TAMPA, FL 33626 US

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: MARK LEIMKUHLER

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CUST, ROBERT M  
Address: 1290 ELLIOTT DR.  
City-St-Zip: MIDDLETOWN, OH 45044

Title: VSD ( ) Delete  
Name: CUST, MELINDA S  
Address: 1290 ELLIOTT DR.  
City-St-Zip: MIDDLETOWN, OH 45044

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT M CUST

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date