2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K84877

1. Entity Name
GULF RESORTS, INC.

Principal Place of Business	Mailing Address
%DAVID H. CALLEN 111 W. FORTUNE STREET TAMPA, FL 33602	%DAVID H. CALLEN 111 W. FORTUNE STREET TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

04192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2960543	Not Applicable

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

6. Name and Address of Current Registered Agent

CALLEN, DAVID H.
111 W. FORTUNE STREET
TAMPA, FL 33602

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000154541 05/05/04-80001-003 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CALLEN, DAVID H.
STREET ADDRESS	111 W. FORTUNE STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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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: _David H. Callen_   4-27-04   813-229 6___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #