


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L38867</b> 1. Entity Name GULF ENTERPRISES OF NAPLES, INC.	
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Principal Place of Business C/O SHELDON W. STARMAN, CPA 4099 TAMiami TRAIL NORTH NAPLES, FL 34103	Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0199656	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STARMAN, SHELDON W. CPA 4099 TAMiami TRAIL NORTH NAPLES, FL 34103
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUDD, DAVID G 3033 RIVIERA DR. #201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KESTLER, SIGRID 8171 BAY COLONY DR., APT. 1801 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KESTLER, WOLFGANG 8171 BAY COLONY DR APT 1801 NAPLES, FL 34103
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02/01/07-80009-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: David G. Budd VICE Pres. 1/25/07 239-263-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID G. BUDD