2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # L44936** 03-25-2008 90006 038 ***150.00 **GULF FAMILY HOMES, INC.** 07-11-2008 90019 002 ***150.00 Principal Place of Business Mailing Address 3150 SOUTH CANAL DR. P.O. BOX 2155 AUTTAATA PALM HARBOR, FL 34684 US PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-2986440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SLACK, WINIFRED S. Street Address (P.O. Box Number is Not Acceptable) 3150 SOUTH CANAL DR. PALM HARBOR, FL 34684 City Zip Code FL 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 reme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition HILE ☐ Delete TITLE SLACK, WINIFRED S. NAME NAME 3150 SOUTH CANAL DR. STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 04684 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TILE ☐ Change Addition INTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZIP

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.

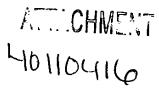
SIGNATURE:

SIGNATURE AND TYPED THE PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

7/9/08 727 467 66 90

FILED

Jul 11, 2008 8:00 am



July 6, 2008

Document #L44936
GULF FAMILY HOMES

DID NOT RECEIVE forms by mail

Just received notice.
Attached is check for \$150.00 due by Sept 12, 2008
Please reply by email to my son on line
billslackcbfl@yahoo.com

Please notify of receipt.

Winifred S. Slack.

Winnifred S. Slack