

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M33633**

1. Entity Name  
**GULFSTREAM ADVERTISING, INC.**



Principal Place of Business  
**2965 W. STATE ROAD 84  
FT. LAUDERDALE, FL 33312-7701**

Mailing Address  
**2965 W. STATE ROAD 84  
FT. LAUDERDALE, FL 33312-7701**

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2683048**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**IRVINE, GEORGE M III  
2965 W. STATE ROAD 84  
FORT LAUDERDALE, FL 33312**

**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

Signature, typed or printed name of registered agent and this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

000000472435  
03/29/06-80036-017 158.75

## 10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	IRVINE, GEORGE M. JR.
STREET ADDRESS	2965 W. STATE ROAD 34
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	COLLER, SCOT A
STREET ADDRESS	2965 W STATE RD 84
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	S
NAME	IRVINE, JOAN M
STREET ADDRESS	2965 W STATE RD 84
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	P
NAME	IRVINE, GEORGE M III
STREET ADDRESS	2965 W. STATE ROAD 84
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
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 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:

*Scot M. Collier* **SCOT M. COLLIER**

**3-14-06**

**954-587-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #