

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M96243	
1. Entity Name GULFSTAR MARINE INC.	
Principal Place of Business % EDWARD SUROVY 4169 SHOAL LINE BLD. HERNANDO BEACH, FL 34607	Mailing Address % EDWARD SUROVY 4169 SHOAL LINE BLD. HERNANDO BEACH, FL 34607



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0120820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SZUROVY, EDWARD
4169 SHOAL LINE BLVD
HERNANDO BEACH, FL 34607**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000929099

05/21/08-80056-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SZUROVY, EDWARD E
STREET ADDRESS	4169 SHOAL LINE BLD
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	V
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STREET ADDRESS	4169 SHOAL LINE BLD
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 supplement 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 withal other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08