

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90021 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   |                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| <b>DOCUMENT # N01000006886</b><br>1. Entity Name<br><b>GULF OF MEXICO STATES PARTNERSHIP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   |                                       |  |
| Principal Place of Business<br><b>HENDRY, STONER, DELANCETT, &amp; BROWN PA</b><br><b>200 E. ROBINSON ST., STE. 500</b><br><b>ORLANDO, FL 32801-1956</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                  | Mailing Address<br><b>HENDRY, STONER, DELANCETT, &amp; BROWN PA</b><br><b>200 E. ROBINSON ST., STE. 500</b><br><b>ORLANDO, FL 32801-1956</b>                                                                                      |                                       |  |
| 2. Principal Place of Business<br><b>20 N. Orange Ave., Ste 407</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                  | 3. Mailing Address<br><b>20 N. Orange Ave., Ste 407</b><br>Suite, Apt. #, etc.                                                                                                                                                    |                                       |  |
| City & State<br><b>Orlando, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                  | City & State<br><b>Orlando, Florida</b>                                                                                                                                                                                           |                                       |  |
| Zip<br><b>32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | Country<br><b>USA</b>                                                            |                                                                                                                                                                                                                                   | 4. FEI Number<br><b>59-3747735</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FLORIDA CORPORATE SUPPORT, INC.</b><br><b>HENDRY, STONER, DELANCETT &amp; BROWN, P.A.</b><br><b>200 E. ROBINSON ST., STE. 500</b><br><b>ORLANDO, FL 32801-1956</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br><b>Hendry, Stoner, Delancett &amp; Brown, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>20 N. Orange Ave</b><br>Suite 407<br>City<br><b>Orlando</b> |                                       |  |
| 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 <b>President ROBERT R. HENDRY</b> <b>3/25/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   |                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                   | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                      |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SPRINGER, GARY L<br>1930 DOLPHIN BLVD. S.<br>ST. PETERSBURG, FL 33707      | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CD<br>HERZSTEIN, ROBERT<br>655 15TH ST. NW<br>WASHINGTON, DC 20005               | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>HENDRY, ROBERT R<br>200 E. ROBINSON ST., STE. 500<br>ORLANDO, FL 328011956  | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>SUAREZ-MIER, MANUEL<br>PISO 2 COL. LOS MORALES POLAASO<br>MEXICO, DF 11515 | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>POTTER, PHILLIP<br>717 D STREET STE 310<br>WASHINGTON, DC 20004            | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>UPTON, ELLEN M<br>5123 MUSSELLSHELL DR<br>NEW PORT RICHEY, FL 34655         | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EVP/GC/D<br>20 N. Orange Avenue, Suite 407                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                                                                                                                                                                   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SVP/S<br>Upton, Mary Ellen                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                                                                                                                                                                   |                                       |  |
| 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 617, 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: <b>Robert R. HENDRY Director</b> <b>3/25/04</b> 407-843-5880<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  |                                                                                                                                                                                                                                   |                                       |  |

**54023126**



03082004 Chg-NP CR2E037 (10/03)

Attachment

Doc. # N01000006886

524023126

**2004 UNIFORM BUSINESS REPORT (continued)**

**DOCUMENT # N01000006886**

**GULF OF MEXICO STATES PARTNERSHIP, INC.**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**

|                 |                                          |          |
|-----------------|------------------------------------------|----------|
| Title           | D                                        | Addition |
| Name            | McKay, Benjamin J.                       |          |
| Street Address  | Office of Congresswoman Katherine Harris |          |
| Street Address  | 116 Cannon Building                      |          |
| City - St - Zip | Washington, DC 20515                     |          |

|                 |                                |          |
|-----------------|--------------------------------|----------|
| Title           | D                              | Addition |
| Name            | Ruiz, Marco Miguel Munoz       |          |
| Street Address  | Blvd. M. Avila Camacho No. 201 |          |
| Street Address  | Col. Flores Magon C.P. 91900   |          |
| City - St - Zip | Veracruz, Ver. Mexico          |          |

|                 |                          |          |
|-----------------|--------------------------|----------|
| Title           | T/D                      | Addition |
| Name            | Vivero, Jose             |          |
| Street Address  | Century Bank of Florida  |          |
| Street Address  | 716 West Fletcher Avenue |          |
| City - St - Zip | Tampa, Florida 33612     |          |

|                 |                                 |          |
|-----------------|---------------------------------|----------|
| Title           | D                               | Addition |
| Name            | Montero, Jesus Rodriguez        |          |
| Street Address  | Inter-American Development Bank |          |
| Street Address  | 4701 Willard Avenue, Apt. 1104  |          |
| City - St - Zip | Chevy Chase, Maryland 20815     |          |