## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 24, 2005 8:00 am Secretary of State 03-24-2005 90046 035 \*\*\*\*61.25 **DOCUMENT # N01000006886** GULF OF MEXICO STATES PARTNERSHIP, INC. 50030493 Principal Place of Business Mailing Address 20 N. ORANGE AVE. 20 N. ORANGE AVE. **STE 407 STE 407** ORLANDO, FL 32801 ORLANDO, FL 32801 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 600 01122005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3747735 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 600 ORLANDO, FL 32801 City Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE X Change SPRINGER, GARY L NAME NAME 425 25th Street, North STREET ADDRESS 1930 DOLPHIN BLVD. S. STREET ADDRESS St. Petersburg, Florida 33713 CITY-ST-ZIP ST. PETERSBURG, FL 33707 CITY-ST-ZIP ☐ Delete ☐ Change Addition; HERZSTEIN, ROBERT Jose Vivero NAME NAME 716 West Fletcher Avenue STREET ADDRESS 655 15TH ST. NW STREET ADDRESS CITY-ST-ZIP WAHSINGTON, DC 20005 Tampa, Florida CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME HENDRY, ROBERT R NAME STREET ADDRESS 20 N. ORANGE AVENUE, SUITE 407 STREET ADDRESS ORLANDO, FL 328011956 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Channe ☐ Addition SUAREZ-MIER, MANUEL NAME STREET ADDRESS PISO 2 COL. LOS MORALES POLAASO STREET ADDRESS CITY-ST-ZIP MEXICO, DF 11515 CITY-ST-ZIP TITLE VD ☐ Delete TITI F ☐ Change ☐ Addition NAME POTTER, PHILLIP NAME STREET ADDRESS 717 D STREET STE 310 STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20004 CITY-ST-ZIP TITLE **SVPS** ☐ Delete TITLE ☐ Change ☐ Addition UPTON, MARY ELLEN STREET ADDRESS 5123 MUSSELLSHELL DR STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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:

SIGNATURE AND TYPED OR PRIN

**FILED**