2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N96000003890

Entity Name: GUL INTERNATIONAL, INC.

Current Principal Place of Business:

729 OCEAN BLVD.
ST. SIMONS ISLAND, GA 31522 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 21678
ST. SIMONS ISLAND, GA 31522 US

New Mailing Address:

FEI Number: 59-3398355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHAUNCEY, CARL
516 MARYMAC STR. SE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DPO	( ) Delete
Name:	CHAUNCEY, CARL	
Address:	516 MARYMAC STR SE	
City-St-Zip:	LIVE OAK, FL 32064 US	
Title:	DOVP	( ) Delete
Name:	JOHNSTON, MATTHEW	
Address:	195 HAMPTON POINT DRIVE	
City-St-Zip:	ST. SIMONS ISLAND, GA 31522	
Title:	D	( ) Delete
Name:	DOEHRING, CYNTHIA	
Address:	EDWARD JONES, EDWARD JONES PLAZA	
City-St-Zip:	SAINT SIMONS ISLAND, GA 31522	
Title:	DOP	( ) Delete
Name:	GUL, GUNEY	
Address:	311 PROMISE LANE	
City-St-Zip:	BRUNSWICK, GA 31525 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNEY GUL P 04/02/2009

Electronic Signature of Signing Officer or Director — Date