

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006110

FILED
Mar 27, 2009
Secretary of State

Entity Name: GULFSHORE SHOOTOUT, INC.

Current Principal Place of Business:

4200 GULFSHORE BLVD NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4200 GULFSHORE BLVD NORTH
NAPLES, FL 34103

New Mailing Address:

FEI Number: 31-1712101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, C NEIL
850 PARK SHORE DR, 3RD FL
NAPLES, FL 34103 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: D () Delete
Name: CONSOLINO, JOE
Address: 5201 BRIXTON CT
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: GUTMAN, HOWARD
Address: 4200 GULFSHORE BLVD NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ARMALAVAGE, RICK
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: DEFURIO, CARL
Address: 5600 COUGAR DR
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: BUNNELL, JAMES
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: LEWIS, PHIL
Address: 1075 CENTRAL AVE
City-St-Zip: NAPLES, FL 34102

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
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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: JAMES BUNNELL

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date