


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000009136</b> 1. Entity Name GULFSTREAM RESTAURANTS, INC.	
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Principal Place of Business 3901 PROMENADE SQUARE DR. #4322 ORLANDO, FL 32837	Mailing Address 3901 PROMENADE SQUARE DR. #4322 ORLANDO, FL 32837
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06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2521963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CRAWFORD, RICK 3901 PROMENADE SQUARE DR., #4322 ORLANDO, FL 32837
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, RICK 3901 PROMENADE SQUARE DR., #4322 ORLANDO, FL 32837
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07/06/05-80006-004 300.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:** *Rick Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 (407) 9334333  
Date Daytime Phone #