

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031369

FILED
Jan 23, 2009
Secretary of State

Entity Name: GULF BEACH CONNECTION, INC.

Current Principal Place of Business:

309 BELLE ISLE AVENUE
BELLAIR BEACH, FL 33786

New Principal Place of Business:

Current Mailing Address:

309 BELLE ISLE AVENUE
BELLAIR BEACH, FL 33786

New Mailing Address:

FEI Number: 59-3041999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLAND, VIRGINIA
801 WEST BAY DRIVE
SUITE 506
LARGO, FL 33770 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWKRIDGE, JOHN M
Address: 309 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: ST () Delete
Name: HAWKRIDGE, LJILJANA
Address: 309 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33780

Title: D () Delete
Name: NEDIC, SVETLANA
Address: 851 BAYWAY BLVD, #306
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: NEDIC, ALEKSANDAR
Address: 19925 GULF BLVD #107
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LJILJANA HAWKRIDGE

ST

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date