
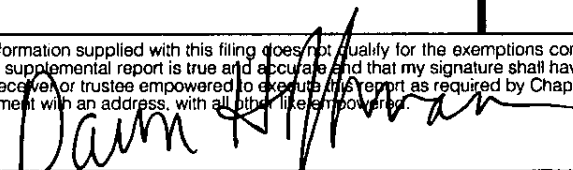


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000062599</b>		
1. Entity Name <b>AH GULFSIDE DEVELOPMENT CORPORATION</b>		
Principal Place of Business <b>11595 KELLY RD SUITE 219A FORT MYERS, FL 33908</b>		Mailing Address <b>11595 KELLY RD SUITE 219A FORT MYERS, FL 33908</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HOFFMAN, DAWN 11200 LONGWATER CHASE CT. FORT MYERS, FL 33908</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFMAN, DAWN 11595 KELLY RD., SUITE 219A FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the 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 empowerments.		
SIGNATURE: 		<b>3/14/07</b> <b>239-461-5111</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3655019**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

U000000691040  
04/12/07-80014-025 150.00

**DO NOT WRITE  
IN THIS SPACE**