## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P00000083362

GULF PORT SUNCOAST INVESTMENTS, INC.



Principal Place of Business

4200 MCCLUNG DR. NEW PORT RICHEY, FL 34653 Mailing Address

4200 MCCLUNG DR. NEW PORT RICHEY, FL 34653



## **FILED** Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90020 044 \*\*\*150.00

Anna ros.



| DO NOT THINK IN THIS CITACI | DO | NOT | WRITE | <b>IN THIS</b> | SPACE |
|-----------------------------|----|-----|-------|----------------|-------|
|-----------------------------|----|-----|-------|----------------|-------|

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3669680

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRANDINO, JOSEPH P 4200 MCCLUNG DR. NEW PORT RICHEY, FL 34653

**SIGNATURE:** 

8. The above comed entity submits this statement (

## DO NOT WRITE IN THIS SPACE

| <u> </u>                                       | Signature, typed or printed name of registered agent and title in          | applicable. | (NOTE: Registered A                     | gent signatur | required when reinstating)     | DATE                        |  |  |
|--|--|-------------|---|---------------|--------------------------------|-----------------------------|--|--|
| FIL<br>After M                                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00                |             | n Campaign Financi<br>and Contribution. | ng 🗆          | \$5.00 May Be<br>Added to Fees |                             |  |  |
| 10.  | OFFICERS AND DIREC   | TORS        |   |               |                                |                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FERRANDINO, JOSEPH P<br>4200 MCCLUNG DR.<br>NEW PORT RICHEY, FL 34653 |             |   |               |                                |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |             |   |               |                                |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |             |   |               | DO                             | O NOT WRITE<br>I THIS SPACE |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |             |   |               | IN '                           |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |             |   |               |                                |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |             |   |               |                                |                             |  |  |

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR