


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000114128

1. Entity Name
GULF ISLAND GROUP, INC.



Principal Place of Business 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 34223-9274	Mailing Address 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 34223-9274
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DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1062665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CAROL A
 2800 N BEACH RD A-101
 ENGLEWOOD, FL 34223

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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: *Carol A. Smith* DATE: 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000125099
 04/22/04-80066-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, EMILY 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 342239274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CAROL A 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 342239274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BRIGID 8 HILLTOP RD MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAILEY, LEONARD 8 HILLTOP RD MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEW, WILLIAM 919 HILLANDALE DR ANTIOCH, IL 60002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW, CHERYL 918 HOFFMANDALE DR ANTIOCH, IL 60002

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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: *Emily S. Adams* *Emily S. Adams* DATE: 4/15/04 TELEPHONE: 941-475-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR