


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90081 013 ***150.00

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**

2. Principal Place of Business
927 TARTAN DR.

3. Mailing Address
927 TARTAN DRIVE

Suite, Apt. #, etc.



04022005 Chg-P CR2E034 (10/03)

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34293 Country **USA**

Zip
34293 Country **USA**

4. FEI Number
65-1062665

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name
Adams, Emily S.

Street Address (P.O. Box Number is Not Acceptable)
927 TARTAN DR.

City
VENICE FL Zip Code
34293

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 *Emily S. Adams* *Emily S. Adams* *4/06/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, EMILY 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 342239274	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CAROL A 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 342239274	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BRIGID 8 HILLTOP RD MENDHAM, NJ 07945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAILEY, LEONARD 8 HILLTOP RD MENDHAM, NJ 07945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEW, WILLIAM 919 HILLDALE DR ANTIOCH, IL 60002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW, CHERYL 918 HOFFMANDALE DR ANTIOCH, IL 60002	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adams, Emily 927 TARTAN DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HE CRACKEN ROBERT 1124 VILLAS ON THE GREEN RIVERVIEW, FL 33509	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *4/6/05* *941-492-5775*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #