



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90081 013 ***150.00

DOCUMENT # P00000114128 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. 		Suite, Apt. #, etc. 			
City & State VENICE, FL		City & State VENICE, FL			
Zip 34293		Country USA		4. FEI Number 65-1062665	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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 34223	
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 <u>Emily S. Adams</u> <u>Emily S. Adams</u> <u>4/06/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	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 SMITH, CAROL A 2800 N. BEACH RD, #A-101 ENGLEWOOD, FL 342239274	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HE CRACKEN, ROBERT 11124 VILLAS ON THE GREEN RIVERVIEW, FL 33509	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		
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		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW, CHERYL 918 HOFFMANDALE DR ANTIOCH, IL 60002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Emily S. Adams</u> <u>Emily S. Adams</u> <u>4/6/05</u> <u>941-492-5775</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					