


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # P01000022757 1. Entity Name GULFSUN ENTERPRISES, INC.	
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Principal Place of Business 4099 TAMIAMI TRAIL NORTH FOURTH FLOOR NAPLES, FL 34103	Mailing Address C/O DAVID G. BUDD 5551 RIDGEWOOD DR., #501 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3703453	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103
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IN THIS SPACE**

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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH FOURTH FLOOR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUDD, DAVID G 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/08-80054-013 158.75

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IN THIS SPACE**

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 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>David G Budd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-11-08</u> <small>Date</small>	<u>239 514 1000</u> <small>Daytime Phone #</small>
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DAVID G BUDD, VP