

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000039305

1. Entity Name

GULFSTREAM FISHING VESSELS, INC.



Principal Place of Business

1405 19TH ST.
PALM HARBOR, FL 34683

Mailing Address

1405 19TH ST.
PALM HARBOR, FL 34683

FILED
08 MAR -6 AM 6:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02292008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3712686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, SUZANNE
1405 19TH ST.
PALM HARBOR, FL 34683

**DO NOT WRITE
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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FOSTER, GEORGE
STREET ADDRESS	1408 19TH STREET
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	DV
NAME	FOSTER, SUZANNE
STREET ADDRESS	1408 19TH STREET
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/02/07 80004 025 \$150.00

**DO NOT WRITE
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 full other like empowered.

SIGNATURE:

[Signature]

Signature and typed or printed name of signing officer or director

3/4/08

Date

727-442-6339

Daytime Phone #