



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90031 034 \*\*\*150.00

<b>DOCUMENT # P01000041634</b> 1. Entity Name <b>GULFSTREAM CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>14135 COLLIER BLVD</b> <b>NAPLES, FL 34119</b>			Mailing Address <b>14135 COLLIER BLVD</b> <b>NAPLES, FL 34119</b>		
2. Principal Place of Business <b>6646 Willow Park Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6646 Willow Park Dr.</b> Suite, Apt. #, etc.			
City & State		City & State		02172004    Chg-P    CR2E034 (10/03)	
Zip <b>34109</b>		Country		4. FEI Number <b>59-3708356</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>PEEL, KELLY C</b> <b>14135 COLLIER BLVD</b> <b>NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>Michael Peel</b> Street Address (P.O. Box Number is Not Acceptable) <b>1580 Ixora Drive</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34102</b>		
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><i>Michael Peel</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEEL, MICHAEL J</b> <b>14880 INDIGO LAKES CIR</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEEL, STEPHEN L</b> <b>9099 THE LANE</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Michael Peel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date _____    Daytime Phone # _____					