

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000057762

1. Entity Name
GULFSIDE LANDSCAPING, INC.



Principal Place of Business
8221 KIPLING STREET
PENSACOLA, FL 32514

Mailing Address
1765 E. 9 MILE ROAD STE 1 # 106
PENSACOLA, FL 32514

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, KIMBERLY C
5773 TWISTED OAK CT.
PACE, FL 32571

Name *JAMES A. MARTIN JR*
Street Address (P.O. Box Number is Not Acceptable)
8221 KIPLING ST

City *PENSACOLA* FL Zip Code *32514*

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 *James Martin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2-26-08*

**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 *P* NAME MARTIN, KIMBERLY C
STREET ADDRESS 8221 KIPLING STREET
CITY-ST-ZIP PENSACOLA, FL 32514

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VICE PRESIDENT

Change Addition

TITLE *VP* NAME MARTIN, JAMES
STREET ADDRESS 8221 KIPLING STREET
CITY-ST-ZIP PENSACOLA, FL 32514

Delete

PRESIDENT

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *James Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 03, 2008 8:00 am
Secretary of State**

03-03-2008 90185 027 ***150.00



01162008 Chg-P CR2E034 (12/06)

2-15-08

478-8540

Daytime Phone #