

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115614

FILED
Apr 12, 2004
Secretary of State

Entity Name: GULF-FLA. MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3615 EAST LAKE AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3615 EAST LAKE AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 01-0628383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER PA
C/O HUNTER J. BROWNLEE
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCOY, ROBERT L
Address: 4810 CLUBREATH ISLES ROAD
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: EAUTHLER, MARU
Address: 3615 EAST LAKE AVE.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GAUTHIER, MARK
Address: 3615 EAST LAKE AVE.
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GAUTHIER

PRES

04/12/2004

Electronic Signature of Signing Officer or Director

Date