~ ~ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AN
Secretary of State

DOCUMENT # P02000086632 1. Entity Name GULF BUSINESS, INC.		32		Secretary of State			
Principal Plac 5461 PARK I FT. MYERS, F	ROAD	Mailing Address 5461 PARK ROAD FT. MYERS, FL 33908					
D	O NOT WRITE	IN THIS SPA	CE	01052006 4. FEI Numb 54-206	•	CR2E034 (
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE_	Signature, typed or printed name of registered agent and to	the if applicable (NOTE, Register	ed Agent signature require	d when reinslating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be ded to Fees			
10. ITTLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	OFFICERS AND DIR PVST LAVIS, SCOTT A 5461 PARK ROAD FT. MYERS, FL 33908 D LAVIS, SCOTT A	ECTORS			U0000 01/11/06	0380620 -80020-01	17 150.00
STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP	5461 PARK ROAD FT. MYERS, FL 33908				NOT W		
NAME STREET ADDRESS				IN	THIS SF	ACE	

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 leport 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 of 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:

CITY-ST-ZIP
TITLE
NAME
SIPEET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

606 239770706