2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000112029

1. Entity Name

GULF ACQUISITIONS INC.



FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

2946 CORAL STRIP PKWY GULF BREEZE, FL 32563 Mailing Address

2946 CORAL STRIP PKWY GULF BREEZE, FL 32563



DO NOT WRITE IN	I THIS	SPACE
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02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3877694

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIBBITS, LINDA 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563

the obligations of registered agent.

SIGNATURE/

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	,	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIBBITS, LINDA 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563			ý E	Uning to the control of the control	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIBBITS, WILLIAM 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563				1100000716302 04 400 400 600000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, PATRICK J III P.O. BOX 400 GULF BREEZE, FL 32562			DO	OO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYONS, TERRIE N P.O. BOX 400 GULF BREEZE, FL 32562			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
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.						

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