


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000112029</b>	
1. Entity Name <b>GULF ACQUISITIONS INC.</b>	

Principal Place of Business <b>2946 CORAL STRIP PKWY GULF BREEZE, FL 32563</b>	Mailing Address <b>2946 CORAL STRIP PKWY GULF BREEZE, FL 32563</b>
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03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3877694</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TIBBITS, LINDA 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIBBITS, LINDA 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIBBITS, WILLIAM 2946 CORAL STRIP PKWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, PATRICK J III P.O. BOX 400 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYONS, TERRIE N P.O. BOX 400 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000869588  
04/09/08-80054-022 150.00

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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:**  **LINDA TIBBITS** **3/20/08 8509345937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #