

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 038 ***150.00

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1. Entity Name

GULF VILLAS DEVELOPMENT, INC.



Principal Place of Business

7092 PLACIDA ROAD
CAPE HAZE, FL 33946 US

Mailing Address

7092 PLACIDA ROAD
CAPE HAZE, FL 33946 US



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0660652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT ST
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

BECKSTEAD, DEAN L.
7092 PLACIDA ROAD
CAPE HAZE, FL 33946

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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, D
NAME	BECKSTEAD, DEAN L.
STREET ADDRESS	7092 PLACIDA ROAD
CITY-ST-ZIP	CAPE HAZE, FL 33946
TITLE	S
NAME	BECKSTEAD, GARFIELD R.
STREET ADDRESS	7092 PLACIDA RD
CITY-ST-ZIP	CAPE HAZE, FL 33946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

697-7207

Daytime Phone #