





2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90091 048 ***150.00

DOCUMENT # P03000025814 1. Entity Name GULF STREAM MOTEL AND MARINA, INC.					
Principal Place of Business HWY 358 STEINHATCHEE, FL 32359			Mailing Address HWY 358 STEINHATCHEE, FL 32359		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03292004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 56-2379217	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDER, JOSEPH T 109 BARBER AVE CROSS CITY, FL 32628			7. Name and Address of New Registered Agent Name VEACH, KATHY Street Address (P.O. Box Number is Not Acceptable) HWY 358 City STEINHATCHEE FL Zip Code 32359		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEACH, KATHY HWY 358 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, CANDYCE HWY 358 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAUPENSERGER, PAMELA JR HWY 358 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JOHN JR HWY 358 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAUPENSERGER, STEVEN HWY 358 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTES, GARY 7022 HWY 358 STEINHATCHEE, FL 32359	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: 		4-14-04		352 498-8088	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	